

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90285 050 ***150.00

DOCUMENT # P98000074945

1. Entity Name

NEW AGE VARIETY, INC.



Principal Place of Business

13995 NW 7TH AVE
MIAMI FL 33168

Mailing Address

7430 RAMONA ST
MIRAMAR FL 33023

2. Principal Place of Business

13995 NW 7th Ave Miami FL
Suite, Apt. #, etc.

3. Mailing Address

7430 Ramona Str Miramar
Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

MIAMI, FL

City & State

Miramar FL

4. FEI Number

65-0862655

Applied For

☒ Not Applicable

Zip

33168

Country

USA

Zip

33023

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ONOUHA, AUGUSTINA
7430 RAMONA ST
MIRAMAR FL 33023-2532

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ONUOHA, EMMANUEL
STREET ADDRESS 7430 RAMONA STREET
CITY-ST-ZIP MIRAMAR FL 33023

TITLE V ☐ Delete
NAME ONUOHA, AUGUSTINA
STREET ADDRESS 7430 RAMONA STREET
CITY-ST-ZIP MIRAMAR FL 33023

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUGUSTINA ONUOHA

Date

Daytime Phone #