

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


FILED

04 JUL 28 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07232004 Chg-P CR2E034 (10/03)

DOCUMENT # P98000077912			
1. Entity Name NEXT CENTURY DEVELOPMENT INC.			
Principal Place of Business 9553 HARDING AVENUE #310 SURFSIDE, FL 33154		Mailing Address 4338 SW 8TH STREET MIAMI, FL 33134	
2. Principal Place of Business 9553 Harding Avenue Suite, Apt. #, etc. #309 City & State Surfside, FL Zip 33154 Country US		3. Mailing Address 9553 Harding Avenue Suite, Apt. #, etc. #309 City & State Surfside, FL Zip 33154 Country US	
4. FEI Number 65-0871210		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROSENTHAL, KERRY E 2875 N.E. 191 STREET, STE. 500 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name _____ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERAZZINI, GIULIANO 9528 BAY DRIVE SURFSIDE, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANDUCHI, AGOSTINO 9553 HARDING AVENUE SURFSIDE, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100040012191 08/09/04--01064--005 **\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Giuliano Perazzini</u>		Date: <u>7/29/04</u> Daytime Phone #: <u>726-356-4153</u>	