


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000084654</b> 1. Entity Name <b>NEW CENTURY VENTURES, INC.</b>	
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Principal Place of Business <b>4132 GATOR TRACE RD FORT PIERCE, FL 34982</b>	Mailing Address <b>477 MADISON AVE 24TH FLOOR NEW YORK, NY 10022</b>
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05112004 No Chg-P CR2E034 (10/03)

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4. FEI Number <b>61-1334950</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WENDI R. ROSEN, P.A. 48 E. FLAGLER STREET SUITE 368 MIAMI, FL 33131</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 renewing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GREENFIELD, MARVIN E 477 MADISON AVE 6TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NOLES, LANNIE 4123 GATOR TRACE RD FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KARDOS, JUDITH 477 MADISON AVE 6TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD GREENFIELD, BARBARA 477 MADISON AVE 6TH FL NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOODMAN, GERALD 2 INDUSTRIAL WAY WEST EATONTOWN, NJ 07724
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/14/04-80003-007 150.00

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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)(f), 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 **5/14/04**  
Date Daytime Phone #