

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90038 014 \*\*\*150.00

**DOCUMENT # P99000006943**

1. Entity Name

**NEXT GENERATION HOLDINGS, INC.**



Principal Place of Business

**C/O MARC SLOANE  
275 MADISON AVE.  
NEW YORK NY 10016**

Mailing Address

**C/O MARC SLOANE  
275 MADISON AVE.  
NEW YORK NY 10016**

**94023737**



**MOORE CR2E034 (11/03)**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **01-0617329**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**M & W AGENTS, INC.  
2101 CORPORATE BLVD, STE 107  
BOCA RATON FL 33431**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **FOSTER, HAROLD**  
STREET ADDRESS **4000 TOWERSIDE TERRACE**  
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **P** ☒ Change ☐ Addition  
NAME **MARLENE FREEDMAN**  
STREET ADDRESS **1901 S ROOSEVELT BLVD APT 301, NORTH**  
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE **S** ☐ Delete  
NAME **SIGODA, HOWARD**  
STREET ADDRESS **2493 BAY ISLE DRIVE**  
CITY-ST-ZIP **WESTON HILLS FL 33327**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Delete  
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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 another like empowered.

**SIGNATURE:**

*Marlene Freedman*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**MARLENE FREEDMAN**  
**PRESIDENT**

**2/25/04**  
Date

**305-294-0976**  
Daytime Phone #