


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000032563</b> 1. Entity Name <b>NEW CONVERSION INC.</b>	
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Principal Place of Business <b>406 NW 85TH STREET ROAD MIAMI, FL 33150</b>	Mailing Address <b>4595 NW 37TH COURT MIAMI, FL 33142</b>
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**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0909442</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, JOSE A 100 SE 2ND STREET STE 2900 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 reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CALDERON, MARIA T 343 ALCAZAR AVENUE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MILO, ALBERTO JR 2730 SW 3RD AVE STE 203 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CICERO, MATTHEW J 3989 N.W. 46TH ST. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS RODRIGUEZ, JOSE A 100 SE 2ND STREET STE 2900 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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04/19/05-80066-020 150.00

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: MAT CICERO **4/6/05** **305-637-3699**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #