

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

05-03-2004 90453 014 ***150.00

P99000076246

FILED

04 MAY 20 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14010007

DOCUMENT # P99000076246

1. Entity Name

NEW CENTURY INVESTMENT & TRUST CO., INC.



Principal Place of Business

C/O SALVATORE SAM ARENA
10185 COLLINS AVE., STE. 1509
BAL HARBOUR, FL 33154-1607

Mailing Address

C/O SALVATORE SAM ARENA
10185 COLLINS AVE., STE. 1509
BAL HARBOUR, FL 33154-1607



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0944978

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SARASUA, ALBERTO
442 HAMPTON AVE
KEY BISCAYNE, FL 33149-1853

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOP
SAM ARENA, SALVATORE
10185 COLLINS AVE., STE. 1509
BAL HARBOUR, FL 331541607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SAM ARENA, SALVATORE
10185 COLLINS AVE., STE. 1509
BAL HARBOUR, FL 331541607

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

Handwritten signature and date: 04/30/04

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:

Handwritten signature: Salvatore Sam Arena
04/30/04 (305) 865-8111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone