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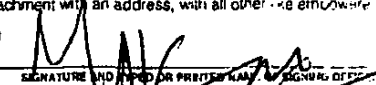
P99000109059

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

05 JUL 15 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000109059			
1. Entity Name NEWCOURT HOLDINGS, INC.			
Principal Place of Business 12400 SW 134TH COURT STE 11 MIAMI, FL 33186		Mailing Address 12400 SW 134TH COURT STE 11 MIAMI, FL 33186	
2. Principal Place of Business 12605 SW 134 CT		3. Mailing Address 12605 SW 134 CT	
Suite, Apt. #, etc. Suite #104		Suite, Apt. #, etc. Suite #104	
City & State Miami, FL		City & State Miami, FL	
Zip 33186		Zip 33186	
Country US		Country US	
4. FEI Number 65-0972641		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent JARRETT, MCIVAN A 12400 SW 134TH COURT STE 11 MIAMI, FL 33186		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 the principal 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 who is appearing in person. (Typed or printed name required when registering)			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Reporting Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JARRETT, MCIVAN A 12400 SW 134TH CT #11 MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD BROOKS, JERROLD 506 PERUGIA AVE CORAL GABLES, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLITCH, NELSON 6245 WOODBURY ROAD BOCA RATON, FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report. If my name has changed, or on an attachment with an address, with all other like information.			
SIGNATURE: 		6/9/05	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT		DATE	