


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90032 046 ***150.00

DOCUMENT # S81883
 1. Entity Name
NEW CAPITAL RESOURCES CORP.




Principal Place of Business: **1623 COLLINS AVE 909 MIAMI FL 33139 US**
 Mailing Address: **PO BOX 190924 MIAMI BEACH FL 33119-0924**

2. Principal Place of Business: **1413 N VENETIAN WAY**
 3. Mailing Address: Suite, Apt. #, etc.

City & State: **MIAMI FL**

Zip: **33139** Country: **DADE**

90000000



1st MOORE CR2E034 (10/04)

4. FEI Number: **65-0294611** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
DOMINGUEZ, VIRGINIA
1623 COLLINS AVE #909
MIAMI FL 33139

7. Name and Address of New Registered Agent
 Name: **same**
 Street Address (P.O. Box Number is Not Acceptable): **1413 N VENETIAN WAY**
 City: **MIAMI FL** Zip Code: **33139**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	
TITLE: P <input type="checkbox"/> Delete	NAME: DOMINGUEZ, VIRGINIA STREET ADDRESS: 1623 COLLINS AVE 909 CITY-ST-ZIP: MIAMI FL 33139
TITLE: VP <input type="checkbox"/> Delete	NAME: DOMINGUEZ, LUIS STREET ADDRESS: 1623 COLLINS AVE 909 CITY-ST-ZIP: MIAMI FL 33139
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: 1413 N VENETIAN WAY STREET ADDRESS: MIAMI FL 33139 CITY-ST-ZIP: MIAMI FL 33139
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: 1413 N VENETIAN WAY STREET ADDRESS: MIAMI FL 33139 CITY-ST-ZIP: MIAMI FL 33139
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ 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 all other like empowered.

SIGNATURE: Virginia Dominguez Date: Jan 20/05 305.374.0607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #