

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V03897

Entity Name: NEWFIELD (G.P.) INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

11401 INTERCHANGE CIR S
HOLLYWOOD, FL 33025 US

New Principal Place of Business:

11421 INTERCHANGE CIRCLE SOUTH
MIRAMAR, FL 33025 US

Current Mailing Address:

11401 INTERCHANGE CIR S
HOLLYWOOD, FL 33025 US

New Mailing Address:

11421 INTERCHANGE CIRCLE SOUTH
MIRAMAR, FL 33025 US

FEI Number: 65-0307236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, ALEX
915 SOROLOA AVE
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: MANFREDI, LUDOVICO
Address: 201 CRANDON BLVD #837
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: SOTO, DORA
Address: 340 N.W. 99 WAY
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S () Delete
Name: AMES, STUART
Address: 150 W. FLAGLER ST., SUITE 2200
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORA SOTO

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date