2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V66007

1. Entity Name

NEW M. A. INVESTMENT, INC.



FILED Jul 10, 2006 08:00 AN Secretary of State

Principal Place of Business

13200 CORONADO TER. N. MIAMI, FL 33181 US

Mailing Address

13200 CORONADO TER. N. MIAMI, FL 33181 US



DO NOT WRITE IN THIS SPACE

07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0358225

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, THEODORE J 8030 PETERS RD, BLDG D, STE 104 PLANTATION, FL 33324

DO NOT WRITE

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 ti	itle if applicable. (NOTE: Regis	elered Agent signature required when reinstaling)	OATE
FILE NOWIII FEE IS \$150.00 9. Election Campaign Fina Trust Fund Contribution			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFICERS AND DIR	ECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULA, WALTER 9100 N.W. 58TH STREET MIAMI, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				######################################
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOTWRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		N	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/06

305 8812671

Daytime Phone #