


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90454 023 \*\*\*158.75

**DOCUMENT # P01000089124**

1. Entity Name  
**GRUPO NIVEL UNO, INC.**



Principal Place of Business  
**6905 NW 50TH STREET  
 MIAMI, FL 33166**

Mailing Address  
**14700 SW 180 STREET  
 MIAMI, FL 33196**

2. Principal Place of Business  
**15373 SW 139th CT**

3. Mailing Address  
**15373 SW 139th CT**


Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33177**

Country  
**USA**



04202004 Chg-P CR2E034 (10/03)

4. FEI Number  
**26-0013902**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DALDI, SERGIO D**  
**6905 NW 50TH STREET**  
**MIAMI, FL 33166**


7. Name and Address of New Registered Agent

Name **DALDI, SERGIO D**

Street Address (P.O. Box Number is Not Acceptable)  
**15373 SW 139th CT.**

City **Miami** FL Zip Code **33177**

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:  DATE: **4/20/04**

(NOTE: Registered Agent signature required when reinstating)

**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 D	<input type="checkbox"/> Delete
NAME DALDI, SERGIO D	
STREET ADDRESS 6905 NW 50TH STREET	
CITY-ST-ZIP MIAMI, FL 33166	
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 D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DALDI, SERGIO D	
STREET ADDRESS 15373 SW 139th CT	
CITY-ST-ZIP MIAMI FL 33177	
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:  DATE: **4/20/04** DAYTIME PHONE #: **786 897-0473**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR