2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 06, 2004 8:00 am Secretary of State DOCUMENT # P02000024347 1. Entity Name 04-06-2004 90031 046 ***150.00 NORA E. VENTURA, P.A. Principal Place of Business Mailing Address 1620 S OCEAN BLVD #15-E LAUDERDALE BY THE SEA FL 33062 1620 S OCEAN BLVD #15-E LAUDERDALE BY THE SEA FL 33062 · Partie or Talla", 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State Applied For 4. FEI Number 05-0562992 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VENTURA, NORA E Street Address (P.O. Box Number is Not Acceptable) 1620 S OCEAN BLVD #15-E LAUDERDALE BY THE SEA FL 33062 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **DPVS** ☐ Delete TITLE TITLE Change ☐ Addition NAMÉ VENTURA, NORA E NAME STREET ADDRESS 1620 S OCEAN BLVD #15-E STREET ADDRESS CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33062 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change Addition VENTURA, NORA E NAME NAME STREET ADDRESS 1620 S OCEAN BLVD #15-E STREET ADDRESS CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33062 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED