
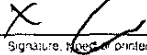



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90337 042 ***150.00

DOCUMENT # P02000076912			
1. Entity Name NEDA24, INC.			
Principal Place of Business 3890 NORTH 39TH AVENUE HOLLYWOOD, FL 33021		Mailing Address 3890 NORTH 39TH AVENUE HOLLYWOOD, FL 33021	
2. Principal Place of Business 33 NE 4 St.		3. Mailing Address 600 St Andrews Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL.		City & State Hollywood FL.	
Zip 33132		Zip 33021	
Country		Country	
4. FEI Number 52-2371048		Applied For <input type="checkbox"/> Additional <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NAZARI, MANSOUR 3890 NORTH 39TH AVENUE HOLLYWOOD, FL 33021		Name Street Address (P.O. Box Number is Not Acceptable) 600 St Andrews Rd. City Hollywood FL Zip Code 33021	
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 4/15/04	
Signature. Must be printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NAZARI, MANSOUR 3890 NORTH 39TH AVENUE HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 St Andrews Rd. Hollywood, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 employed.			
SIGNATURE: 		DATE 4/15/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

24047309



03182004 Chg-P CR2E034 (10/03)