


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90334 046 ***150.00

DOCUMENT # P02000123441
 1. Entity Name
 NYC OF FLORIDA INC.



Principal Place of Business
 520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI, FL 33131

Mailing Address
 520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI, FL 33131

14001455



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01062004 Chg-P CR2E034 (10/03)

4. FEI Number
34-1974866

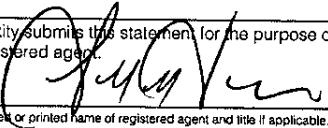
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 TRANSGLOBAL CORP. ADMINISTRATION, INC.
 520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name
 TRANSGLOBAL CORP ADMINISTRATION, LLC
 Street Address (P.O. Box Number is Not Acceptable)
 520 BRICKELL KEY DR.
 # 0-305
 City MIAMI FL Zip Code 33131

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: 4/6/04

Signature, typed or printed name of registered agent and title if applicable. (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	NAFFAH, ROBERTO	
STREET ADDRESS	520 BRICKELL KEY DRIVE, SUITE 0-305	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTILLO DE NAFFAH, MARLENE	
STREET ADDRESS	520 BRICKELL KEY DRIVE, SUITE 0-305	
CITY-ST-ZIP	MIAMI, FL 33131	
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	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROJAS, MARCO R.	
STREET ADDRESS	520 BRICKELL KEY DR. # 305	
CITY-ST-ZIP	MIAMI FL 33131	
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)(l), 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:  **Marco Rojas** DATE: 4/7/04 DAYTIME PHONE #: 305 374 3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR