


**2005 FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90058 008 \*\*\*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

**50014593**



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 34-1974866

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

*Delete*

Add:  
 Roberto NAFFAH  
 801 Brickell Key Drive  
 APT- 3212  
 Miami FL 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 2/2/05

Signatures 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, 2005 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
NAME	NAFFAH, ROBERTO
STREET ADDRESS	520 BRICKELL KEY DRIVE, SUITE 0-305
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	D
NAME	CASTILLO DE NAFFAH, MARLENE
STREET ADDRESS	520 BRICKELL KEY DRIVE, SUITE 0-305
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	AS
NAME	ROJAS, MARCO E
STREET ADDRESS	520 BRICKELL KEY DR # 305
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 2/2/05 305-371-2776 Ext 303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #