2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000017280



FILED Apr 28, 2004 8:00 am Secretary of State

1. Entity Nam		NKERS; CORP.				04-28-2004 90205		
Principal Plac	ce of Busines	s	Mailing Address					
2400 E COMMERCIAL BLVD, 830 FT LAUDERDALE FL 33308			2400 E COMMERCIAL BLVD, 830 FT LAUDERDALE FL 33308					
2. Principal F	Place of Busin	ness	3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CTORS HORIO (INTO 1983) OU	
						MOORE CR2EC	034 (11/03)	
City & State			City & State		4. FEI Number 65-0561287		oplied For ot Applicable	
Zip		Country	Zip	Coun	try	5. Certificate of Status Desired	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				1	7. Name and Address of New Registered Agent			
·			المراجعة المحاجية المحاجبية	·	_Name			
STIGLICH, RODOLFO 2825 NE 38TH ST FT LAUDERDALE FL 33308					Street Address (P.O. Box Number is Not Acceptable)			
	LAUDERL	ALE FL 33306						
÷					City	,	Zip Cod	e
the obligation	named entit tions of regist	y submits this statement to tered agent.	r the purpose of changing its	registere	ed office or registe	ered agent, or both, in the State of Florida. I	am familiar with,	and accept
SIGNATURE	*	or printed name of registered agent					<u>.</u>	
	have a side at the IP	where the end of the first of the second party of	We see on 191	C. riegisieret	d Agent signature require	d when reinstating) DA	· C	
// Afte	r May 1, 20	!! FEE IS \$150.00 04 Fee will be \$550.00 o Florida Department o	State			Election Campaign Financing Trust Fund Contribution.		May Be to Fees
// Afte	r May 1, 20	04 Fee will be \$550.00	\$ 84 X 2 X X X X	11.		,	LJ Added	i to Fees
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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 of the corporation or the receive changed, or on an attachment th an address, with all other like empowered.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #