


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000053015
 1. Entity Name
NANEL HOLDINGS CORP.



Principal Place of Business
3 GROVE ISLE DRIVE #1604
MIAMI, FL 33133

Mailing Address
3 GROVE ISLE DRIVE #1604
MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0679328

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
NELSON, BARRY A
C/O NELSON&LEVINE PA
2775 SUNNY ISLES BLVD STE 118
NORTH MIAMI BEACH, FL 33180

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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 _____
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 \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

04/21/04-80056-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROTH, ELLEN
STREET ADDRESS	3 GROVE ISLE DRIVE #1604
CITY - ST - ZIP	MIAMI, FL 33133
TITLE	D
NAME	BROUDY, NANCY
STREET ADDRESS	58 WILLOW GLEN NE
CITY - ST - ZIP	ATLANTA, GA 30342
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(f), 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: Ellen R. Roth **ELLEN R. ROTH** 4-19-04 305-536-7293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Phone #