ANNUAL REPORT

DOCUMENT # P99000030726 1. Entity Name NUDAROMI CORP.



FILED Feb 04, 2004 8:00 am Secretary of State 02-04-2004 90038 022 ***550.00

Principal Place of Business			Mailing	Mailing Address									
19333 COLLINS AVENUE				19333 COLLINS AVENUE									
#2010				#2010				l					
SUNNY ISLES BEACH, FL 33160				SUNNY ISLES BEACH, FL 33160									
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.				01222004	Cho	3-P	CR2E0	34 (10/03)	
City & State			City 8	City & State				4. FEI Numb 65-096				<u> </u>	oplied For ot Applicable
'Zip	Zip Country		Zip	Zip		Country		5. Certificate	of Status	Desired		\$8.75 Add	
	6. Name	and Address of Curren	t Registered	stered Agent				7. Name and Address of New Registered Agent					
				Name				·					
SERBER, DANIEL J 2875 NE 191 STREET SUITE 801					•	Street Address (P.O. B			er is Not	Acceptab	le)		
AVENTURA, FL 33180							City				FL Zip Code		
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_	Single Land	or printed name of registered age	المحالة والادامة	· ·	Sanista			when reinstating)			DATE		
	Signature, typeo	or printed hathe or registered age	in and due # applic	able. (NO)E	Hegistere	o Ageni signatur	e required	when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.							\$5 . Add	.00 May Be ed to Fees					
10.		OFFICERS AN	D DIRECTOR	S	11.			ADDITIONS	CHANG	S TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	D			☐ Delete	ПП	.E						☐ Change	Addition
NAME	SZAINROK, JACOBO				NAM	Æ							
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS (-ST-ZIP							
TITLE				☐ Delete	חוז	E						☐ Change	Addition
NAME					NAM								
STREET ADDRESS						EET ADDRESS							
CITY-ST-ZIP					CITY	-ST-ZIP							
TITLE	ļ			☐ Delete	ПП	`						☐ Change	Addition
NAME STREET ADDRESS					NAN	re Eet address							
CITY-ST-ZIP	_	_				/-ST-ZIP							
MLE	<u> </u>			☐ Delete	BIL	E						Change	Addition
NAME					NAM	ne l						•	
STREET ADDRESS						EET ADDRESS							
CITY-ST-ZIP		, 				/-ST-ZIP							
TITLE	ł			Detete	ĬΠ	· 1						☐ Change	Addition
NAME Street address	i				NAM	NE. EETADDRESS							
CITY-ST-ZIP					- 8	-ST-ZIP							
TITLE	 			☐ Delete	TITL	.E						☐ Change	Addition
NAME					NAM	Æ j						_ •	_
STREET ADDRESS	{				STR	EET ADDRESS							
CITY-ST-ZIP	<u> </u>					/-ST-ZIP							_
12. I hereby certify that the information supplied with this filling 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 allyother like empowered.													
SIGNATURE: (305)932-6262													
SIGIVAI	UNE: _	CICLIATIONE AND THEN O	O DOMESTIC NAME	UE BICHIEN VERICES	OD DUDEO				X1 22	<u> </u>		Doubles Black	
		У											