

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
 19333 COLLINS AVENUE
 #2010
 SUNNY ISLES BEACH, FL 33160

Mailing Address
 19333 COLLINS AVENUE
 #2010
 SUNNY ISLES BEACH, FL 33160



01222004 Chg-P CR2E034 (10/03)

4. FEI Number
 65-0966948

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SERBER, DANIEL J
 2875 NE 191 STREET
 SUITE 801
 AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP | D SZAINROK, JACOBO 19333 COLLINS AVENUE #2010 SUNNY ISLES BEACH, FL 33160 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/04

(305) 932-6262