


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000074068  
 1. Entity Name  
 NARUDAL, INC.



Principal Place of Business      Mailing Address  
 2601 S BAYSHORE DR, SUITE 1400      2601 S BAYSHORE DR, SUITE 1400  
 MIAMI, FL 33133      MIAMI, FL 33133

**DO NOT WRITE IN THIS SPACE**



01192004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0943186      Not Applicable

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

6. Name and Address of Current Registered Agent  
 DURAN, ALFREDO G  
 2601 S BAYSHORE DR, SUITE 1400  
 MIAMI, FL 33133

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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 \_\_\_\_\_  
Signature, holder printed name of registered agent and the applicable (NOTE: Registered Agent's signature required when changing office or agent)      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	DPST
NAME	CREMATA, CHELIN
STREET ADDRESS	1440 S BAYSHORE DR 402
CITY ST ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

000000049805  
 02/13/04-80038-003 150.00

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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:       2-10-04      305-859-2096

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