

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 304651

1. Entity Name
Nagico Corporation



FILED

04 JUL 12 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
910 W. Skokie Blvd.

3. Mailing Address
910 W. Skokie Blvd.

Suite, Apt. #, etc.
Suite 112

Suite, Apt. #, etc.
Suite 112

DO NOT WRITE IN THIS SPACE

04

City & State
Skokie, Illinois

City & State
Skokie, IL

4. FEI Number
59-1159030

Applied For
 Not Applicable

Zip
60062

Country
United States

Zip
60062

Country
United States

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

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

526 E. Park Avenue

City Tallahassee

FL Zip Code
32301

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 *Paul G. Herbst, Asst. Sec.*

7/8/04

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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
P/S/T/D
Dru D. Goodman
8283 Currency Drive
Riviera Beach, Florida 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Elmer A. Goodman
8283 Currency Drive
Riviera Beach, FL 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400039532764
07/26/04--01063--009 **550.00

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other the empowered.

SIGNATURE: *[Signature]*

7-8-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)