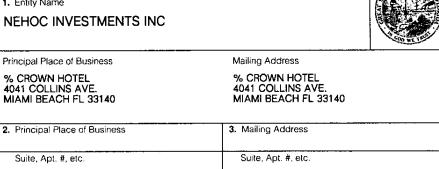
2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 307170

1. Entity Name



FILED Apr 05, 2004 8:00 am Secretary of State 04-05-2004 90407 016 ***150.00

NENOC INVESTMENTS INC				7
Principal Place of Business % CROWN HOTEL 4041 COLLINS AVE. MIAMI BEACH FL 33140		Mailing Address % CROWN HOTEL 4041 COLLINS AVE. MIAMI BEACH FL 331	40	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number 59-1205851 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Curre	nt Registered Agent	.L	7. Name and Address of New Registered Agent
	,	<u> </u>	Name -	-
COHEN, ALAN 4041 COLLINS AVE. MIAMI BEACH FL 33140			Street Addres	ss (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	named entity submits this statementions of registered agent.	t for the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered ag	ent and fille if applicable. (NO	TE: Registered Agent signature requ	ured when reinstating) DATE
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.0 k Payable to Florida Department			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.		ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, ALAN J. 4041 COLLINS AVE. MIAMI BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COHEN, JOEL 4041 COLLINS AVE MIAMI BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Change ☐ Addition
. TITLE	and their court of the straight back and	Delete	TITLE, NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE " NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	cartify that the information cumplied	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 1 Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that Lam an officer or director.

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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: