


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 373066 1. Entity Name NAGLE CORPORATION						FILED 05 JAN -4 PM 4:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1716 S.W. 3 STREET APT 2 MIAMI, FL 33135-2053				Mailing Address 1716 S.W. 3 STREET APT 2 MIAMI, FL 33135-2053			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address PO BOX 187 Suite, Apt. #, etc.			
City & State Edgewater NJ				4. FEI Number 59-1512393			
Zip 07020				Country USA			
5. Certificate of Status Desired 7				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ARIAS, ENRIQUE 3285 SW 29 ST MIAMI, FL 33133				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500043492005 12/17/04--01048--015 **\$50.00 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: <u>Wenando Arias</u> <u>Enrique Arias</u> <u>12/13/04</u> <small>Signature, typed or printed name of registered agent, and file if applicable. (NOTE: Registered agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARIAS, WILFREDO 235 HARMON AVE FORT LEE, NJ 07024	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500043492005 12/17/04--01048--015 **\$50.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARIAS, VILMA 235 HARMON AVE FORT LEE, NJ 07024	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 03-05		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Wenando Arias</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				11/30/04 212-923-3062 <small>Date Daytime Phone #</small>			