


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90072 032 ***150.00

DOCUMENT # 490479 1. Entity Name NARD S. HELMAN, P. A.					
Principal Place of Business 9100 S DADELAND BLVD SUITE 1602 MIAMI, FL 33156 US			Mailing Address 9100 S DADELAND BLVD SUITE 1602 MIAMI, FL 33156 US		
2. Principal Place of Business 5100 S.W. 77 Street Suite, Apt. #, etc.			3. Mailing Address 5100 S.W. 77 Street Suite, Apt. #, etc.		
City & State Miami, Florida			City & State Miami, Florida		
Zip 33143		Country USA		4. FEI Number 59-1633868	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HELMAN, NARD S. 9100 S DADELAND BLVD SUITE 1602 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name Bonnie K. Helman Street Address (P.O. Box Number is Not Acceptable) 5100 S.W. 77 Street City Miami FL Zip Code 33143		
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><i>Bonnie K Helman</i></u> Bonnie K. Helman, President 1/12/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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 HELMAN, NARD S 9100 S. DADELAND BLVD, STE 1602 MIAMI, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Bonnie K. Helman 5100 S.W. 77 Street Miami, Florida 33143
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
(Empty row for additional officers/directors)					
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(Empty row for additional officers/directors)					
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><i>Bonnie K Helman</i></u> Bonnie K. Helman 1/12/04 305.666.1319 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					