2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 608970

1. Entity Name
NATIONAL SALES, INC.

Principal Place of Business	Mailing Address
8375 NW 56 ST. MIAMI, FL 33166 US	13320 SW 110 AVE MIAMI, FL 33166 US

DO NOT WRITE IN THIS SPACE

01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1880082

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEON, EMILIO P.
13320 S.W. 110TH AVENUE
MIAMI FL, FL 33176

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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	PD
NAME	LEON, EMILIO P
STREET ADDRESS	13320 SW 110TH AVE
CITY-ST-ZIP	MIAMI, FL 00000, 33176
TITLE	DVS
NAME	LEON, MAUREEN E.
STREET ADDRESS	13320 SW 110 AVE.
CITY-ST-ZIP	MIAMI, FL 00000, 33176
TITLE	DT
NAME	BARR, DANIEL
STREET ADDRESS	8220 STATE ROAD 84 #200
CITY-ST-ZIP	DAVIE, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/22/04-80020-001 158.75

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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)(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: _____ 1/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #