

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756631

Entity Name: NETTIE ASSOCIATION, INC.

FILED
Apr 15, 2004
Secretary of State

Current Principal Place of Business:

3072 NW 13 STREET
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

3072 NW 13 STREET
MIAMI, FL 33125

New Mailing Address:

FEI Number: 59-2159853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, OSWALDO
3072 N.W. 13TH STREET
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAMOS, OSWALDO
Address: 3072 NW 13 STREET
City-St-Zip: MIAMI, FL 33125

Title: STD () Delete
Name: ARMAS, RENEE
Address: 3074 NW 13 STREET
City-St-Zip: MIAMI, FL 33125

Title: D () Delete
Name: RAMOS, MICHAEL
Address: 3072 NW 13 STREET
City-St-Zip: MIAMI, FL 33125

Title: D () Delete
Name: RAMOS, PAULA B
Address: 3072 N.W. 13TH ST.
City-St-Zip: MIAMI, FL 33125

Title: D (X) Delete
Name: FIGUEROA, BEATRIZ
Address: 3072 NW 13 STREET
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA B RAMOS

D

04/15/2004

Electronic Signature of Signing Officer or Director

Date