2004 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Feb 10, 2004 08:00 AM		
1. Entity Nam	MENT # 833522	NENT CO., INC.		Secretary of State		
Principal Plac 545 N PARK WINTER PARI	AVE P	ailing Address 9 0 BOX 221 IROOKLYN, NY 11208-0221				
DO NOT WRITE IN THIS SPACE				02042004       No Chg-P       CR2E034 (10/03)         4. FEI Number       Applied For         59-1564817       Not Applicable         5. Certificate of Status Destred       \$8.75 Additional         Fee Required       Fee Required		
37 N. ORA ORLANDO	TOREY, & CALLAHAN NGE AVE ), FL 32801		DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the p ions of registered agent. Signature, typed or printed name of registered agent and tale	<u> </u>	ed office or register		th, in the State of Florida. I am familiar with, and accept	
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be ed to Fees	U00000044758 02/11/04-80034-015 150.00.	
10. TITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICERS AND DIREC P FERNANDEZ, B R 2689 PITKIN AVE BROOKLYN, NY 11208					
RTLE KAME STREET ADDRESS SITY-ST-ZIP						
ITTLE VAME STREET ADDRESS ITTLE VAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP			DO NOT <u>WRI</u> TE IN THIS SPACE			
ITLE NAME STREET ADDRESS DITY-ST-ZIP		U (A).				
ITTLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby o	ertify that the information education with this 6	tibo does not qualify for the ever	mption stated in Se	ction 119.07(3)(	(i). Florida Statutes, I further certify that the information	
of the cor changed.		1	Fnandez		(i), Florida Statutes, I further certify that the information of as if made under oath; that I am an officer or director as; and that my name appears in Block 10 or Block 11 if 2.4-04 Date Date	