


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 19, 2004 8:00 am
Secretary of State

08-19-2004 90051 028 ***150.00

DOCUMENT # F01000006166 1. Entity Name NITRAM OWNERSHIP, INC.					
Principal Place of Business 5321 HARTFORD STREET TAMPA FL 33619		Mailing Address PO BOX 2908 5321 Hartford Street TAMPA FL 33601 33619			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5321 Hartford Street Suite, Apt. #, etc.			
City & State Tampa, FL 33619		City & State Tampa, FL 33619		4. FEI Number 00-0006166 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33619	Country Hillsborough	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		MOORE CR2E034 (4/04)	
6. Name and Address of Current Registered Agent FOSTER, MATTHEW J ESQ. 202 SOUTH ROME SUITE 100 TAMPA FL 33606			7. Name and Address of New Registered Agent Name Scott Stichter Street Address (P.O. Box Number is Not Acceptable) Stichter, Riedel, Blain & Prosser, P.A. 110 East Madison Street Ste 200 City Tampa FL Zip Code 33602		
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>Larry N. Shay</u> Larry N. Shay CEO Nitram 8/11/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State			S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 <input checked="" type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, EDGAR 5321 HARTFORD STREET TAMPA FL 33619	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PLOTNICK, STEVEN E 950 THIRD AVE., 25TH FL NEW YORK NY 10022	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REYTER, EDGAR 950 THIRD AVE., 25TH FL NEW YORK NY 10022	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NESTER, ALEX 950 THIRD AVE., 25TH FL NEW YORK NY 10022	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OLSHANSKY, IGOR 950 THIRD AVE., 25TH FL NEW YORK NY 10022	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROVT, ALEX 950 THIRD AVE., 25TH FL NEW YORK NY 10022	<input type="checkbox"/> Delete			
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>Larry N. Shay</u> Larry N. Shay 8/11/04 813-299 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					