



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 2988 5321 Hartford Street TAMPA FL 33601 33619		54068900 	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5321 Hartford Street Suite, Apt. #, etc.			
City & State		City & State Tampa, FL 33619		4. FEI Number 00-0006166 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		33619	Hillsborough		
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 Larry N. Shay CEO Nitram DATE 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"/>		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, EDGAR	NAME			
STREET ADDRESS	5321 HARTFORD STREET	STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33619	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PLOTNICK, STEVEN E	NAME			
STREET ADDRESS	950 THIRD AVE., 25TH FL	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10022	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REYTER, EDGAR	NAME			
STREET ADDRESS	950 THIRD AVE., 25TH FL	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10022	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NESTER, ALEX	NAME			
STREET ADDRESS	950 THIRD AVE., 25TH FL	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10022	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OLSHANSKLY, IGOR	NAME			
STREET ADDRESS	950 THIRD AVE., 25TH FL	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10022	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROVT, ALEX	NAME			
STREET ADDRESS	950 THIRD AVE., 25TH FL	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10022	CITY-ST-ZIP			
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: Larry N. Shay Larry N. Shay DATE: 8/11/04 DAYTIME PHONE: 813-299 0010					