

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006700

1. Entity Name
NAZAIRE & COMPANY, INC.



Principal Place of Business
**305 MADISON AVENUE, SUITE 902
NEW YORK, NY 10165**

Mailing Address
**4601 SHERIDAN STREET, SUITE 320
HOLLYWOOD, FL 33021**



03012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3438840

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NAZAIRE, J. RONALD
4601 SHERIDAN ST., SUITE 320
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

000000345994

04/30/05-80057-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	NAZAIRE, J. RONALD
STREET ADDRESS	770 ALLWYN STREET
CITY-ST-ZIP	BALDWIN HARBOR, NY 11510
TITLE	VC
NAME	JOSMA, ERLYNE
STREET ADDRESS	770 ALLWYN STREET
CITY-ST-ZIP	BALDWIN HARBOR, NY 11510
TITLE	DS
NAME	NAZAIRE, EMMANUEL
STREET ADDRESS	5626 HOLLOWBROOK LANE
CITY-ST-ZIP	ACWORTH, GA 30101
TITLE	DT
NAME	NAZAIRE, JEAN CLAUDE
STREET ADDRESS	2154 KINGS TREE LANE
CITY-ST-ZIP	ACWORTH, GA 30101
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #