

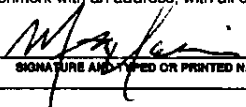


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F55436 1. Entity Name NILAK ASSOCIATES, INC.			
Principal Place of Business 19707 TURNBERRY WAY #18A AVENTURA, FL 33180 US		Mailing Address 19707 TURNBERRY WAY 18A AVENTURA, FL 33180 US	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent MORTON, KALIN 19707 TURNBERRY WAY #18A AVENTURA, FL 33780		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$650.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PD	DO NOT WRITE IN THIS SPACE 	
NAME	KALIN, MORTON		
STREET ADDRESS	19707 TURNBERRY WAY 18A		
CITY-ST-ZIP	AVENTURA, FL 33180		
TITLE	D		
NAME	KALIN, SYLVIA		
STREET ADDRESS	19707 TURNBERRY WAY #18A	DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP	AVENTURA, FL 33180		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		DO NOT WRITE IN THIS SPACE	
NAME			
STREET ADDRESS			
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TITLE			
NAME			
STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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: 		7/6/04 305-936-1890	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

FILED

04 JUL 12 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2141890	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

300039534753
07/26/04--01067--001 **150.00

Nilak Associates, Inc.
19707 Turnberry Way, #18A
Aventura, Florida 33180
(305)936-1890

July 6, 2004

Florida Department of State
Secretary of State
Glenda E. Hood
Divisions of Corporations
Post Office Box 6327
Tallahassee, FL 32314

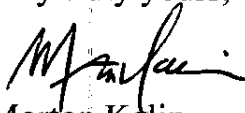
Re: Nilak Associates, Inc. Document No. F55436

To Whom It May Concern:

Enclosed please find a copy of your "Notice of Intent to Dissolve" Nilak Associates, Inc. Please note that we mailed in our "2004 for Profit Corporation Annual Report" on March 12, 2004. Enclosed is a copy of this form and a copy of our original check number 4036 for \$150. Since the inception of Nilak Associates, Inc. in 1981 we have filed the corporate annual report properly, timely and without any problems. For this reason and as our mailing on March 12, 2004 obviously was lost, we ask that you accept without any penalties our enclosed check number 4043 dated July 6, 2004 for \$150 and another signed annual report.

Thank you for your consideration in this matter and should you have any questions, please do not hesitate to contact or call me.

Very truly yours,



Morton Kalin
President, Nilak Associates, Inc.