

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90200 013 ***150.00

DOCUMENT # F95000005047

1. Entity Name
 NORTH SHORE REPORTING AGENCY, INC.



Principal Place of Business Mailing Address
 1 MURRAY AVE. PO BOX 382
 PORT WASHINGTON, NY 11050 MANHASSET, NY 11030
*28 Maple Place #382 ← Conecton
 Manhasset Ny 11030*



04042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2575548 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MASCIA, CHRISTINE F
 350 S COUNTRY RD County Rd
 STE 201
 PALM BCH, FL 33480

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: *Christine Pascia Mascia* 4/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CE
NAME	MASCIA, CHRISTINE F <i>Paicchild MASCIA</i>
STREET ADDRESS	28 MAPLE PLACE #382
CITY-ST-ZIP	MANHASSET, NY 11030

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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: *Christine Pascia Mascia* 4/23/04 1-800-283-4731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #