

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F96584

1. Entity Name
NATIONAL WAREHOUSE SALES, INC.



FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91054 035 ***150.00

Principal Place of Business
28716 S DIXIE HWY
HOMESTEAD, FL 33030 US
13007 P.W. 122 AVE
MIAMI, FL 33186

Mailing Address
28716 S DIXIE HWY
HOMESTEAD, FL 33030 US
13007 P.W. 122 AVE
MIAMI, FL 33186

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03082004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2214117

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~HALL ANGELA~~ **SIDONIA RUSSELL**
18433 SW 87TH PLACE
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Sidonia Russell*

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, 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	P	<input type="checkbox"/> Delete
NAME	RUSSELL, SIDONIA	
STREET ADDRESS	18433 S.W. 87TH PLACE	
CITY-ST-ZIP	MIAMI, FL-33157	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RUSSELL, ANGELA H.	
STREET ADDRESS	18433 SW 87 PLACE	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Sidonia Russell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/04 (305) 233 7121

Date Daytime Phone #