



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90016 048 ***150.00

DOCUMENT # F99000002081 1. Entity Name N180CH, INC.					
Principal Place of Business 2930 BISCAYNE BLVD. MIAMI, FL 33137			Mailing Address 2930 BISCAYNE BLVD. MIAMI, FL 33137		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 51-0389428	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHRISTENBURY, SHARON ESQ. 2930 BISCAYNE BLVD. MIAMI, FL 33137				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 _____ (NOTE: Registered Agent signature required when reconstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	C KAHN, SONNY 1041 SE 17TH STREET PH FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Kahn, Sonny 2930 Biscayne Blvd. Miami, FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALBUT, RUSSELL W 1041 SE 17TH STREET PH FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Galbut, Russell W. 2930 Biscayne Blvd. Miami, FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DACHOH, SHLOMO 1041 SE 17TH STREET PH FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZDON, JOSEPH 1041 SE 17TH STREET PH FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVAS CHRISTENBURY, SHARON 1041 SE 17TH STREET PH FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Sharon Christenbury 2930 Biscayne Boulevard Miami, FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer Pablo de Almagro 2930 Biscayne Boulevard Miami, FL 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 employment.					
SIGNATURE: 			Sharon Christenbury, Vice President Authorized Person		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER			Date 2/23/04 Daytime Phone #		