2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 12, 2004 8:00 am Secretary of State

07-12-2004 90020 012 ***150 00

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	ANNUAL	REPORT	•

1. Entity Name NEDO, INC.



VICINI # J32/40		07 12 200 1 20020 012	150.00
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Mailing Address

54061389

-0110

Daytime Phone #

*GARY P. COHEN 1575 SAN GNACIO AVE & GARY P. COHEN
46 SW 15T 5T, 4TH FLOOR SWITE 100
46 SW 15T 5T, 4TH

46 SW 15T ST, 4TH FLOOR 1575 SAN IGNACIO AVE. MAMI, FL 33130 ENITE 100

MIAMI, FL 33130 CORAL GABLES, FL. MIAMI, FL 33130 EVITE 100

33146

CORAL GABLES FE. 33146



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IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

07072004 No Ong 7	0112	200+(10/00)
4. FEI Number		Applied For
65-0075477		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional

6.	Name and Addre	ss of Current	t R	ealst	ered	Agent

COHEN, GARY P. 46 SW 1ST ST 4TH FLOOR MIAMI, FL 33130

SIGNATURE:

DO NOT WRITE IN THIS SPACE

07072004

			· ·			·
the obligati	named entity submits this statement for the puons of registered agent.			gistered agent, or bot	th, in the State of Florida. I am fai	
354 - 671	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Hegistered	Agent signature i	equired when (existating)	719.46	entre la comme
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37-28 ER	E NOW!!! FEE IS \$150.00	Election Campaign Finance	ing	\$5.00 May Be	In accordance with s. 607.1	93(2)(b), F.S., the
i afti a la Di	se by September 8, 2004	Trust Fund Contribution.	. \square	Added to Fees	corporation did not receive	the prior notice.
10	OFFICERS AND DIRECT	TORS	: "		F T + May 1.	
TITLE	DTS-	1 1 - mar water at a 40 .	3 1 M			
NAME 1	ELSON, DIANA					
						,
STREET ADDRESS	901 NW 17TH ST		•		* **	•
CITY-ST-ZIP	MIAMI, FL					
TITLE	DP				and the second of the second	
NAME	BAUMGARD, DANIEL L.			•	4	
	•		-	ė	* * *	
STREET ADDRESS	901 NW 17TH ST				•	-
CITY-ST-ZIP	MIAMI, FL				ч	
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			* 1			80(3 (pd)) - 11 (po
-12. I hereby certify that the information supplied with this filling 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.						