


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90010 017 ***150.00

DOCUMENT # M02284 1. Entity Name NDS FINANCIAL GROUP, INC.																											
Principal Place of Business 2200 CORPORATE BLVD, NW SUITE 210 BOCA RATON, FL 33431 US		Mailing Address 2200 CORPORATE BLVD, NW SUITE 210 BOCA RATON, FL 33431 US																									
2. Principal Place of Business % NEIL D. SCHWARTZ Suite, Apt. #, etc. 7283 SARIMENTO PLACE City & State DECRAY BEACH, FL. Zip 33446 Country U.S.		3. Mailing Address % NEIL D. SCHWARTZ Suite, Apt. #, etc. P.O. Box 810426 City & State BOCA RATON, FL. Zip 33481-0426 Country U.S.																									
4. FEI Number 59-2419882		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SCHWARTZ, NEIL D. 2200 CORPORATE BLVD, NW SUITE 210 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name NEIL D. SCHWARTZ Street Address (P.O. Box Number is Not Acceptable) 7283 SARIMENTO PLACE City DECRAY BEACH FL 33446																									
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 <u><i>Neil D. Schwartz</i></u> NEIL D. SCHWARTZ, PRES 1/12/04 <small>Signature, typed or printed name of registered agent and role if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:80%;">PST SCHWARTZ, NEIL D.</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>2200 CORPORATE BLVD, NW SUITE 210</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BOCA RATON, FL 33431</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PST SCHWARTZ, NEIL D.	<input checked="" type="checkbox"/> Delete	NAME	2200 CORPORATE BLVD, NW SUITE 210		STREET ADDRESS	BOCA RATON, FL 33431		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:80%;">PSTD</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>NEIL D. SCHWARTZ</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7283 SARIMENTO PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DECRAY BEACH, FL. 33446</td> <td></td> </tr> </table>		TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NEIL D. SCHWARTZ		STREET ADDRESS	7283 SARIMENTO PLACE		CITY-ST-ZIP	DECRAY BEACH, FL. 33446	
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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: <u><i>Neil D. Schwartz</i></u> NEIL D. SCHWARTZ, PRES 1/14/04 (SL) 620-5105 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____																									