2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 22, 2004 08:00 AM DOCUMENT # M22343 **Secretary of State** NATIONAL AUTOMATED BOOKKEEPER INC. Principal Place of Business Mailing Address 8567 CORAL WAY 8567 CORAL WAY PMB # 330 MIAMI, FL 33155 PMB # 330 MIAMI, FL 33155 CR2E034 (10/03) 03162004 No Cho-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2599734 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MATLIN, LUZ DO NOT WRITE 8567 CORAL WAY PMB # 330 IN THIS SPACE MIAMI, FL 33155 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_ 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 \$5.00 May 8e Trust Fund Contribution. Added to Fees 10. TITLE MATLIN, LUZ MAME 8567 CORAL WAY, PMB # 330 UUUU000094464 U3/22/04-80061-010 150.00 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 TEELE NAME STREET ADDRESS CITY-ST-ZIP BBE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not quality 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: SIGNATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP

3-16-04 35-7

FILED