

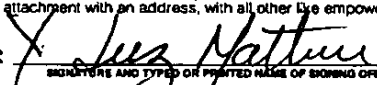


FILED
Apr 04, 2005 8:00 am
Secretary of State

03-03-2005 90171 031 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M22343 1. Entity Name NATIONAL AUTOMATED BOOKKEEPER INC.																																										
Principal Place of Business 8567 CORAL WAY PMB # 330 MIAMI, FL 33155	Mailing Address 8567 CORAL WAY PMB # 330 MIAMI, FL 33155																																									
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent MATLIN, LUZ 8567 CORAL WAY PMB # 330 MIAMI, FL 33155		66008361  02282005 No Chg-P CR2E034 (10/03) 4. FEI Number 59-2599734 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																								
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		DO NOT WRITE IN THIS SPACE																																								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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"><tr><td>TITLE</td><td>P</td></tr><tr><td>NAME</td><td>MATLIN, LUZ</td></tr><tr><td>STREET ADDRESS</td><td>8567 CORAL WAY, PMB # 330</td></tr><tr><td>CITY - ST - ZIP</td><td>MIAMI, FL 33155</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>		TITLE	P	NAME	MATLIN, LUZ	STREET ADDRESS	8567 CORAL WAY, PMB # 330	CITY - ST - ZIP	MIAMI, FL 33155	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE
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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 I am empowered. SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date 3-28-05 Daytime Phone # 305 7105793																																										