2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 26, 2005 8:00 am Secretary of State

DOCUMENT # N0400001108 1. Entity Name NU BUILDINGS COMMERCE CENTER ASSOCIATION, INC.					04-21-2005 90222 023 ***150.00			
1351 SW 4TH CT 135		Melling Address 1351 SW 4TH CT BOCA RATON, FL 3343			66019460			
2. Principal Place of Business 3. Mr		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP CR2	E037 (10/03)		
City & State		City & State	City & State		94280		optied For ot Applicable	
Ziρ	Country	Zip	Country	5. Certificate of		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and A	dress of New Register	ed Agent		
AULITO MADIC			Name	Name				
NUZZO, MARK 1351 SW 4TH CT BOCA RATON, FL 33432			. Street Add	dress (P.O. Box Number i	(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 familier with, and accept the obligations of registered agent.								
SIGNATURE Signature, typed or protect narre of inglesiered agent and title it applicable. (NOTE Registered agent signature required when reinstating) DATE								
	Signature, typed or protect name of registered agen	and tile if applicable. (NOTE	Registered Agent signature	Ledning when Lensteind)	DA	E		
	Signature, hoad or proted name of impatient ager Filling Fee is \$61.25 Due by May 1, 2005		paign Financing	\$5.00 May Be	Make ch	eck payable to partment of Si		
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund C	paign Financing	\$5.00 May Be Added to Fees	Make ch	eck payable to partment of Si	tete	
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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 Pupplemental report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information of the corporation or the technical statutes are provided to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attemption with an address, with an other life improvement.

SIGNATURE:

AND TYPED OR PRINTED NAME OF STRAING OFFICER OR ORRECTOR

4/15/05

5613936605