


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90293 026 ***150.00

DOCUMENT # P00000014450	
1. Entity Name NAGEL ENTERPRISES, INC.	

Principal Place of Business 4820 N STATE RD 7 APT 202 COCONUT GROVE, FL 33073-3349	Mailing Address 4820 N STATE RD 7 APT 202 COCONUT GROVE, FL 33073-3349
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2. Principal Place of Business 4840 N STATE RD 7 Suite, Apt. #, etc. APT 304	3. Mailing Address 4840 N STATE RD 7 Suite, Apt. #, etc. APT 304
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City & State COCONUT CREEK, FL	City & State COCONUT CREEK, FL	4. FEI Number 65-0978200	Applied For Not Applicable
Zip 33073	Country USA	Zip 33073	Country USA

04222005 Chg-P CR2E034 (10/03)

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NAGEL, EDWARD A 4820 N STATE RD 7 APT 202 COCONUT CREEK, FL 33073-3349	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NAGEL, EDWARD A 4820 N STATE RD 7 APT 202 COCONUT CREEK, FL 330733349 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NAGEL, EDWARD A 4820 N STATE RD 7 APT 304 COCONUT CREEK, FL 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Edward A. Nagel 4/22/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #