

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000031683

Entity Name: NSMV CONSULTING, INC.

FILED
Jan 13, 2004
Secretary of State

Current Principal Place of Business:

101 CRANDON BLVD.
#471
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

101 CRANDON BLVD.
#471
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 65-0994846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALEEBY, NADIM
101 CRANDON BLVD. #471
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: VELILLA, MARGARITA
Address: 101 CRANDON BLVD. #471
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VPT () Delete
Name: SALEEBY, NADIM
Address: 101 CRANDON BLVD. #471
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: SALEEBY, MARGARITA
Address: 101 CRANDON BLVD. #471
City-St-Zip: KEY BISCAYNE, FL 33149

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NADIM SALEEBY

VPT

01/13/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date