

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91259 030 \*\*\*150.00

DOCUMENT # P00000084311

1. Entity Name  
NUCONCEPT.NET, INC.



Principal Place of Business  
762 NW 76TH AVE  
MIAMI, FL 33126

Mailing Address  
1510 ALTON RD  
MIAMI BEACH, FL 33139

94083920



2. Principal Place of Business  
750 NW 76TH AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004 Chg-P CR2E034 (10/03)

City & State

MIAMI, FL

City & State

4. FEI Number  
65-1038794

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

MARULANDA, MILDRED  
1240 SOUTH DIXIE HWY  
CORAL CABLES, FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1510 ALTON ROAD

City

MIAMI BEACH

FL

Zip Code

33139

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MARULANDA, JUAN  
STREET ADDRESS 1240 SOUTH DIXIE HWY  
CITY-ST-ZIP CORAL CABLES, FL 33146

TITLE VTD ☐ Delete  
NAME MARULANDA, MILDRED  
STREET ADDRESS 1240 SOUTH DIXIE HWY  
CITY-ST-ZIP CORAL CABLES, FL 33146

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1510 ALTON ROAD  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1510 ALTON ROAD  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/04

Date

Daytime Phone #