


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000084823</b> 1. Entity Name NAYDA, INC.	
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Principal Place of Business 3001 HARTLEY RD. SUITES 1 & 2 JACKSONVILLE, FL 32257	Mailing Address 3001 HARTLEY RD. SUITES 1 & 2 JACKSONVILLE, FL 32257
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05012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3669406	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  RAMOS, NAYDA 11606 WANDERING PINES TRAIL W. JACKSONVILLE, FL 32258
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**DO NOT WRITE  
IN THIS SPACE**

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 reissuing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, NAYDA 11606 WANDERING PINES TRAIL W. JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAMOS, ROLANSO 11606 WANDERING PINES TW. JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANALES, VICTOR 3127 STARBURST WAY JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000154912  
05/05/04-80017-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *V. C. C.* 5-1-04 904/268-0824  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #