

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000088254

1. Entity Name
NESTA ENTERPRISE INC.



Principal Place of Business

1223 STATE RD. 7
LAUDERHILL, FL 33313

Mailing Address

1223 STATE RD. 7
LAUDERHILL, FL 33313



08112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1068049

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POWELL-MCINNIS, MERLINE
1215 STATE RD. 7
LAUDERHILL, FL 33313

**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

Merline Powell McInnis
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-8-04

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
POWELL-MCINNIS, MERLINE
8510 N.W. 74TH STREET
SUNRISE, FL 33322

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000171659
09/03/04-80005-021 550.00

**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:

Merline Powell McInnis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-04

954-583-2804

Date

Daytime Phone #