


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91291 043 ***150.00

DOCUMENT # P01000006932	
1. Entity Name NANCY ARROYO, INC.	

Principal Place of Business 9912 C 61ST WAY BOYNTON BEACH FL 33437	Mailing Address 9912 C 61ST WAY BOYNTON BEACH FL 33437
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MOORE CR2E034 (11/03)

2. Principal Place of Business 11440 Okeechobee Blvd Suite, Apt. #, etc. Suite 216 City & State Royal Palm Beach Zip 33470	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 65-1070498	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ABRAMS, JO ANN
 16569 60TH ST. N.
 LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable) 11440 Okeechobee Blvd
 Suite 216
 City Royal Palm Beach FL Zip Code 33470

8. The above named entity submits this statement for the purpose of changing its registered office of 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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE P <input type="checkbox"/> Delete	NAME ARROYO, NANCY
STREET ADDRESS 9912 C 61ST WAY SOUTH	CITY - ST - ZIP BOYNTON BEACH FL 33437
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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: *Nancy Arroyo President* **4/26/04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #