## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empower

SIGNATURE

## Apr 12, 2004 8:00 am Secretary of State DOCUMENT # P01000029283 1. Entity Name 04-12-2004 90237 020 \*\*\*150.00 N K S ENTERPRISES, CORP. Principal Place of Business Mailing Address 9939 NW 89TH AVE, BAY #3 MEDLEY FL 33178 9939 NW 89TH AVE. BAY #3 MEDLEY FL 33178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-1088099 Not Applicable \$8.75 Additional Country Zip Country Zip Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOPEZ, GAMALIEL Street Address (P.O. Box Number is Not Acceptable) 841 NW 129TH AVE **MIAMI FL 33178** 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 ac-SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE **PSTD** ☐ Delete TITLE NAME SILVA, PEDRO NAME 9939, NW 89 H Ave /Sau STREET ADDRESS 9939 NW 89TH AVE. BAY #3 STREET ADDRESS CITY-ST-ZIP MEDLEY FL 33178 CITY-ST-ZIP VPD Delete TITLE Change Addition TITLE Guevara Arelis 9939 NW 89th Ave Bay GUEVARA, ARELIS NAME NAME STREET ADDRESS 9939 NW 89TH AVE, BAY #3 STREET ADDRESS MEDLEY FL 33178 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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

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