

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000041728

1. Entity Name
NYSTRAND TECHNOLOGIES, INC.

Principal Place of Business
1420 S.W. 21ST LANE
BOCA RATON, FL 33486

Mailing Address
1420 S.W. 21ST LANE
BOCA RATON, FL 33486



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1099088

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, EMILIO R
1420 S.W. 21ST LANE
BOCA RATON, FL 33486

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

U000000078586
03/08/04-80031-015 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PTD
LOPEZ, EMILIO R
1420 S.W. 21ST LANE
BOCA RATON, FL 33486

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SVD
LOPEZ, NYSTRAND U
1420 S.W. 21ST LANE
BOCA RATON, FL 33486

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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:

E. L. R. Lopez (Emilio R. Lopez)

03/03/04 (361) 394 6258

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #