

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90973 011 \*\*\*150.00

<b>DOCUMENT # P01000042670</b> 1. Entity Name NUNO III, INC.			
Principal Place of Business 2908 OAKWOOD BLVD. HOLLYWOOD, FL 33020		Mailing Address 2908 OAKWOOD BLVD. HOLLYWOOD, FL 33020	
2. Principal Place of Business 4611 Johnson Road Suite #2 Coconut Creek FL		3. Mailing Address 4611 Johnson Road Suite #2 Coconut Creek FL	
Suite, Apt. #, etc. Suite #2		Suite, Apt. #, etc. Suite #2	
City & State Coconut Creek FL		City & State Coconut Creek FL	
Zip 33073		Zip 33073	
Country USA		Country USA	
4. FEI Number 65-1093397		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEIRA, NUNO 6601 LYONS ROAD SUITE 19 COCONUT CREEK, FL 33073		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEIRA, NUNO 6601 LYONS ROAD SUITE 19 COCONUT CREEK, FL 33073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beira Nuno 15580 SW 4th Court Miramar, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KILIAN, TRICIA 6601 LYONS ROAD SUITE 19 COCONUT CREEK, FL 33073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OMIT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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: _____ 4/28/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			