## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE OF SIGNATU

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

> 561-533-6700 Daytime Phone #

DOCU 1. Entity Nam NAPASA		88				Secretary of St	
1005 LAKE	AVENUE	lailing Address 1005 LAKE AVENUE LAKE WORTH, FL 33460					
DO NOT WRITE IN THIS SPAC				03052004 4. FEI Numb 65-113	No Chg-P	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required	
ROMANO, NANCY L 1005 LAKE AVENUE LAKE WORTH, FL 33460				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, the obligations of registered agent.  Signature. Signature. Signature. Signature. Signature. Signature in the purpose of changing its registered office or registered agent, the obligations of registered agent and the it applicable  (NOTE Registered Agent signature required when reinstative its applicable of the purpose of changing its registered office or registered agent, the obligations of registered agent.  Signature. Signature. Signature. Signature required when reinstative its applicable of the purpose of changing its registered office or registered agent, the obligations of registered agent.  Signature. Signature. Signature. Signature required when reinstative its applicable of the purpose of changing its registered office or registered agent, the obligations of registered agent.  Signature. Signature. Signature. Signature agent and the its applicable of the purpose of changing its registered office or registered agent.  Signature. Signature. Signature. Signature agent and the its applicable of the purpose of changing its registered office or registered agent.  Signature. Signature. Signature. Signature agent and the its applicable of the purpose of changing its registered office or registered agent.  Signature. Signature. Signature. Signature agent and the its applicable of the purpose of changing its registered agent.  Signature. Signature. Signature agent and the its applicable of the purpose of changing its registered of the purpose of changing its registered of the purpose of changing its registered agent and the its applicable of the purpose of the pu					th, in the State of Flo	orida. I am familiar with, and accept	
After M  10. TITLE NAME STREET ADDRESS	OFFICERS AND DIRE D ROMANO, NANCY 1005 LAKE AVENUE	Trust Fund Contribution.	☐ Add	ded to Fees	Lipor	2002000=7	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAKE WORTH, FL 33460				03/08/C	000080057 04-80093-015 150.00	
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·						
12. I hereby of indicated of the corchanged,	certify that the information supplied with this in on this report or supplemental report is true poration or the receiver or trustee empowere or on an attachment with an address, with a	iling does not qualify for the exer and accurate and that my signat d to execute this report as reguli Il other like empowered.	mption stated in Se ure shall have the ed by Chapter 60	ection 119.07(3)( same legal effec 7, Florida Statute	i), Florida Statutes, it as if made under os; and that my name	I further certify that the information path; that I am an officer or director e appears in Block 10 or Block 11 if	