



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90028 011 ***158.75

DOCUMENT # P01000072605 1. Entity Name NOTE BOOK TECH, INC.					
Principal Place of Business 2000 TOWERSIDE TERRACE STE 405 MIAMI FL 33138			Mailing Address 2000 TOWERSIDE TERRACE STE 405 MIAMI FL 33138		
2. Principal Place of Business 6738 NW 72nd AVE Suite, Apt. #, etc.		3. Mailing Address 6738 NW 72nd AVE Suite, Apt. #, etc.			
City & State Miami, FL Zip 33166 Country USA		City & State Miami, FL Zip 33166 Country USA		4. FEI Number 65-1124046 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent HEIMES, AXEL 2000 TOWERSIDE TERR #405 MIAMI FL 33138			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>					
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 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	PVST HEIMES, AXEL 2000 TOWERSIDE TERR #405 MIAMI FL 33138 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HEIMES, AXEL 6738 NW 72nd AVE Miami, FL 33166 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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:  AXEL HEIMES <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/06/04 (305) 885-4688 <small>Date Daytime Phone #</small>		