

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90008 045 ***150.00

DOCUMENT # P01000075409

1. Entity Name
NAC ENTERPRISES, INC.



2

Principal Place of Business

Mailing Address

~~1275 MARIOLA COURT~~
~~CORAL GABLES, FL 33134~~
13400 S.W. 66TH AVENUE
MIAMI, FL 33156

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~~CORAL GABLES, FL 33134~~
13400 S.W. 66TH AVENUE
MIAMI, FL 33156



07142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1126051	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

CARRASCO, NADELIA G
~~1275 MARIOLA COURT~~
~~CORAL GABLES, FL 33134~~
13400 S.W. 66TH AVENUE
MIAMI, FL 33156

**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, 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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	CARRASCO, ANGEL
STREET ADDRESS	1275 MARIOLA COURT 13400 S.W. 66TH AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33134 MIAMI, FL 33156
TITLE	PD
NAME	CARRASCO, NADELIA G
STREET ADDRESS	1275 MARIOLA COURT 13400 S.W. 66TH AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33134 MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 another, or empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #