2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004
Secretary of State

DOCUMENT# P01000087043

Entity Name: NURSES FOR NURSES, INC.

Current Principal Place of Business:

1100 WEST AVE
509
MIAMI, FL 33139

New Principal Place of Business:

Current Mailing Address:

1100 WEST AVE
509
MIAMI, FL 33139

New Mailing Address:

FEI Number: 65-1137216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELGADO, DONNA M P.A.
1031 IVES DAIRY ROAD, SUITE 228
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TAYLOR, TINA
Address: 1100 WEST AVENUE #509
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD ( ) Delete
Name: KAMARA, FATUMA
Address: 19358 NW 56 PLACE
City-St-Zip: MIAMI, FL 33055

Title: D ( ) Delete
Name: HUGHES, KENNETH
Address: 1100 WEST AVE 509
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Delete
Name: KANARA, FATUMA
Address: 19358 NW 56 TH PLACE
City-St-Zip: OPA LOCKA, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: MILLER, SUZANNE
Address: 1100 WEST AVENUE #509
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Change ( ) Addition
Name: TAYLOR, PAMELA A
Address: 1100 WEST AVE 509
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA TAYLOR PD 03/03/2004

Electronic Signature of Signing Officer or Director — Date