2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

						Mar 12, 20	04 NX•(III A V
DOCUMENT # P01000114563 1. Entity Name					Mar 12, 2004 08:00 AN Secretary of State			
NISK, INC.								
Principal Place of Business Mailing Address					7			
10097 CLEARLY BLVD 10097 CLEARLY BLVD								
941 PLANTATION FL 33324 PLANTATION FL 33324						f (##17#### #11 Weller 11#11 ##111 ##111 ##116 ##116 11## 11## 1	I GUR KURKAT GARRE ENGEN WU	EER IN HEEL
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)				
City & State		City & State		4. F	65-1157454	Not	olied For Applicable	
Zip			Country	′ —————		Certificate of Status Desired	\$8.75 Addi Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
NISKAR, ALLAN M MR.				Name				
900	N. FEDERAL HIGHWAY CA RATON FL 33432			Street Address	ot Address (P.O. Box Number is Not Acceptable)			
201	3/(10/10/11/2/00/10/2			a ga sant				
				City		F		
	named entity submits this statement for trons of registered agent.	or the purpose of changing its r	egistered	l office or regist	ered age	ent, or both, in the State of Florida Ta	am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and tille if applicable (NOTE	Registered A	Agent signature reduir	ed when re-	nstang) DAT	<u> </u>	
F	FILE NOW!!! FEE IS \$150.00	· · ·		•		9. Election Campaign Financing		О мау Ве
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						Trust Fund Contribution.		to Fees
10.	OFFICERS AND	2.	11.		AD!	DITIONS/CHANGES TO OFFICERS A	NO DIRECTORS	IN 11
TITLE	PS	☐ Delete	TITLE				☐ Change	Addition Addition
NAME	NISKAR, ALLAN		NAME	ME		Hadaaaaaaaaa	,	
STREET ADDRESS CITY ST-ZIP	237 JACARANDA DRIVE	37 JACARANDA DRIVE LANTATION FL 33324		REET ADDRESS Y-ST-ZIP		U00000087120 03/12/04-80051-011 150.00		
TITLE	VT	Dejete	TITLE	,,-2,ll		224 924 24 2422	☐ Change	Addition
NAME	— 		NAME					_
STREET ADDRESS	1 · ·			STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL 33324		CITY S	ST-ZIP		·	Change	☐ Addition
TITLE NAME	Ì	☐ Delete	TITLE				Change	Modition
STREET ADDRESS				FADDRESS				
CITY-ST-ZIP			CITY-S	ST-ZIP				
TITLE		Delete	TITLE				Change	Addition
NAME STREET ADDRESS			NAME	T ADDRESS				
CITY-ST-ZIP			CITA-2	4	_			
TITLE		☐ Delete	IIICE				Change	Addition
NAME			NAME					
STREET ADDRESS GITY-ST-ZIP			STREET CHY-S	T ADDRESS				
 		☐ Delete	TITLE				☐ Change	Addition
TMLE NAME		CT Delete	NAME				الما ما الما الما الما الما الما الما ا	hand
STREET ADDRESS				TADDRESS				
CITY_ST 7IP	1		City-5	ST-212				

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 trusts 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 ampowered.

SIGNATURE:

CNATTIRE AND THE DO DESINTED MANE OF SIGNING OFFICES OR DIRECTOR

3-7-04

954-473-5700

FILED