


FILED

May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000040603

1. Entity Name
NOMAD FILMS, INC.



Principal Place of Business Mailing Address

4161 BATTERSEA ROAD 4161 BATTERSEA ROAD
MIAMI, FL 33133 MIAMI, FL 33133



DO NOT WRITE IN THIS SPACE

05032004 No Chg-P CR2E034 (10/03)

2. FEI Number Applied For
04-3677354 Not Applicable

3. Certificate of Status Desired \$8.75 Additional Fee Required

4. Name and Address of Current Registered Agent

BARA, TERESA
4161 BATTERSEA ROAD
MIAMI, FL 33133

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5. 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: *TERESA BARA* TERESA BARA - President 05-03-2004

Signature, typed or printed name of registered agent will file if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

6. 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BARA, TERESA 4161 BATTERSEA ROAD MIAMI, FL 33133
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05/04/04-80132-022 150.00

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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)(f), 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 its receiver or trustee or authorized 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: *TERESA BARA* 05-03-2004 305-740-6458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cell/line Phone #