2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P02000054860 **Secretary of State** NICOLAS TYLER ENTERPRISES, INC. Principal Place of Business Mailing Address 3600 WEST COMMERCIAL BOULEVARD #220 FORT LAUDERDALE FL 33309 3600 WEST COMMERCIAL BOULEVARD #220 FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 03-0443914 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR MIAMI FL 33145 City 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 ______Signature, typed or printed name of regretered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PSTD Defete TITLE Change Addition SANTO, PHILIP J NAME MAME U00000028830 STREET ADDRESS 3600 WEST COMMERCIAL BOULEVARD #220 STREET ADDRESS 02/04/04-80040-022 150.00 CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP TITLE Delete TEFLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY - ST - ZIP TEELE ☐ Delete TETLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Change Addition NAME NAME STREET ADDRESS SERVET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 the address, with all other like empowered

FILED

Feb 02, 2004 08:00 AM

777-4774