2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

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Apr 21, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P02000061564 1. Entity Name 04-21-2004 90054 021 ***150.00 NUBIAN LOX, INC. Principal Place of Business Mailing Address 7559 W OAKLAND PARK BLVD LAUDERHILL FL 33319 7559 W OAKLAND PARK BLVD LAUDERHILL FL 33319 94059400 Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 02-0615584 Not Applicable 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 CREARY, DAWN Street Address (P.O. Box Number is Not Acceptable) 7449 NW 34TH ST LAUDERDALE FL 33319 Zip Code `Z ~ 8. The above named entity submits this statement for the purpose of changing its reg the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 **\$5.00** May Be П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PC TILE Delete Change TITLE ■ Addition CREARY, DAWN NAME NAME STREET ADDRESS 7449 NW 34TH ST STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33319 CITY-ST-ZIP CEO TITLE Delete THILE ☐ Change ☐ Addition NAME CREARY, DAWN NAME STREET ADDRESS 7449 NW 34TH ST STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL: 33319 CITY-ST-ZIP TITLE VD **D**elete TITLE Change Addition MCINTOSH, VALRIE-NAME STREET ADDRESS 9551 NW 24TH CT STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33322 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition FULLER, SONJA N NAME NAME 7559 W OAKLAND PARK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33319 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition MCINTOSH, ROBERT F . NAME NAME 7449 NW 34TH ST STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33319 CMY-ST-ZIP CITY-ST-ZIP TILLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 attachmen with an address, with all other like empowered

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