

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91150 005 \*\*\*150.00

**DOCUMENT #** P02000065218

**1. Corporation Name**

NOLAND BROS INC  
6500 W 4 AVE SUITE 9  
HIALEAH FL 33012

**Principal Place of Business**

**Mailing Address**

6500 W 4 AVE SUITE 9  
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**

**4. FEI Number**

**Applied For**

04-3689001

Not Applicable

**5. Certificate of Status Desired**

**\$8.75** Additional  
Fee Required

**6. Election Campaign Financing  
Trust Fund Contribution**

**\$5.00** May Be  
Added to Fees

**8. This corporation owes the current year Intangible  
Personal Property Tax.**

☐ Yes ☐ No

**2. Principal Place of Business**

**2a. Mailing Address**

1 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

**3. City & State**

**27. City & State**

4 Zip Country

28 Zip Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

MARIA S DANIELOVICH  
6500 W 4 AVE SUITE 9  
HIALEAH FL 33012

**81 Name**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**83**

**84 City**

FL

**85 Zip Code**

**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE	PRESIDENT	MARIA S DANIELOVICH	6500 W 4 AVE #9 HIALEAH FL 33012
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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**4. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

Maria S Danilovich

4-30-03 305 821-3742

CR2E034 (11/98)