


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90125 045 ***150.00

DOCUMENT # P02000078388	
1. Entity Name NOSTRADAMUS INC	

Principal Place of Business 16423 NW 67 AVENUE MIAMI LAKES FL 33014	Mailing Address 16423 NW 67 AVENUE MIAMI LAKES FL 33014
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2. Principal Place of Business NOSTRADAMUS	3. Mailing Address 16423 N.W. 67 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami Lakes FL	City & State FL
Zip 33014	Country
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 01-0736974	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZAFRA, MARTHA 6675 MIAMI LAKES DRIVE EAST #B105 MIAMI LAKES FL 33014	
7. Name and Address of New Registered Agent Name MARTHA ZAFRA Street Address (P.O. Box Number is Not Acceptable) 15545 Miami Lakeway North Apt. 202 Miami Lakes FL 33014	

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 <i>Martina Zafra</i>	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAFRA, MARTHA 6675 MIAMI LAKES DRIVE EAST #B105 MIAMI LAKES FL 33014 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZAFRA MARTHA 15545 Miami Lakeway N. #202 Miami Lakes FL 33014 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address, with all other like empowered.	
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SIGNATURE:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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