


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90116 005 \*\*\*150.00

|   |                                   |  |             |                                 |      |                     |  |                |                             |  |             |                                   |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
|---|-----------------------------------|--|-------------|---------------------------------|------|---------------------|--|----------------|-----------------------------|--|-------------|-----------------------------------|--|--|--|-------|------|---|------|--|--|----------------|--|--|-------------|--|--|
| <b>DOCUMENT # P02000086524</b><br>1. Entity Name<br><b>NADECO, INC.</b>   |                                   |   |             |                                 |      |                     |  |                |                             |  |             |                                   |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| Principal Place of Business<br><b>5120 NW 27TH TERRACE<br/>POMPANO BEACH, FL 33064</b>  |                                   | Mailing Address<br><b>5120 NW 27TH TERRACE<br/>POMPANO BEACH, FL 33064</b>   |             |                                 |      |                     |  |                |                             |  |             |                                   |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br><b>5120 NE 27TH TERRACE</b>  |                                   | 3. Mailing Address<br>Suite, Apt. #, etc.<br><b>5120 NE 27TH TERRACE</b>   |             |                                 |      |                     |  |                |                             |  |             |                                   |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| City & State<br><b>LIGHTHOUSE POINT, FL 33064</b>   |                                   | City & State<br><b>LIGHTHOUSE POINT, FL 33064</b>  |             |                                 |      |                     |  |                |                             |  |             |                                   |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| Zip<br>   | Country<br>                       | Zip<br>  | Country<br> |                                 |      |                     |  |                |                             |  |             |                                   |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| 4. FEI Number<br><b>03-0477948</b>  |                                   | Applied For<br><input type="checkbox"/> Not Applicable   |             |                                 |      |                     |  |                |                             |  |             |                                   |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                   | <b>\$8.75 Additional Fee Required</b>  |             |                                 |      |                     |  |                |                             |  |             |                                   |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PRNO, DENISE<br/>5120 NE 27TH TERRACE<br/>LIGHTHOUSE POINT, FL 33064</b>  |                                   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                                   |  |             |                                 |      |                     |  |                |                             |  |             |                                   |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>               |             |                                 |      |                     |  |                |                             |  |             |                                   |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>PRNO, DENISE</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>5120 NE 27TH TERRACE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>LIGHTHOUSE POINT, FL 33064</b></td> <td></td> </tr> </table>  |                                   | TITLE  | NAME        | Delete <input type="checkbox"/> | NAME | <b>PRNO, DENISE</b> |  | STREET ADDRESS | <b>5120 NE 27TH TERRACE</b> |  | CITY-ST-ZIP | <b>LIGHTHOUSE POINT, FL 33064</b> |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |  | TITLE | NAME | Change <input type="checkbox"/> Addition <input type="checkbox"/> | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
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| NAME  | <b>PRNO, DENISE</b>               |  |             |                                 |      |                     |  |                |                             |  |             |                                   |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | <b>5120 NE 27TH TERRACE</b>       |  |             |                                 |      |                     |  |                |                             |  |             |                                   |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | <b>LIGHTHOUSE POINT, FL 33064</b> |  |             |                                 |      |                     |  |                |                             |  |             |                                   |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
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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)(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. |                                   |  |             |                                 |      |                     |  |                |                             |  |             |                                   |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| <b>SIGNATURE:</b> <i>Denise Prno, President</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                   | <b>3/10/05 954-661-1194</b><br><small>Date Daytime Phone #</small>   |             |                                 |      |                     |  |                |                             |  |             |                                   |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |

**50026346**



03102005 Chg-P CR2E034 (10/03)