


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P02000098424 1. Entity Name N.D. & J. MARKET, INC. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 16519 NE 6TH AVE NORTH MIAMI BEACH, FL 33162 | Mailing Address 16519 NE 6TH AVE NORTH MIAMI BEACH, FL 33162 |
|--|--|

DO NOT WRITE IN THIS SPACE



01302004 No Chg-P CR2E034 (10/03)

| | |
|--|-------------------------------|
| 4. FEI Number 43-1974298 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

BUCKNOR & COMPANY, P.A.
5630 NW 21 ST
FT LAUDERDALE, FL 33313

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| | | |
|---|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000080270 03/08/04-80102-005 150.00 |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROWN, NEVILLE 16519 NE 6TH AVE NORTH MIAMI BEACH, FL 33162 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROWN, DOROTHY 8613 CLARIDGE DR MIRAMAR, FL 33125 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROWN, AVA J 8613 CLARIDGE DR MIRAMAR, FL 33125 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Neville Brown 3/04/04 3059443644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #