## 2004 FOR PROFIT CORPORATION

**SIGNATURE:** 

SIGNATURE AND

NTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 12, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P02000102472 04-12-2004 90237 035 \*\*\*150.00 NANCO IMPORT & EXPORT CORPORATION Principal Place of Business Mailing Address 444444 600 N.E. 36TH STREET 600 N.E. 36TH STREET #604 #604 MIAMI, FL 33137 MIAMI, FL 33137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302004 Chg-P CR2E034 (10/03) City & State City & State 4. FE! Number Applied For 55-0798482 Not Applicable Zip Country Zip 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 - Name -BLANCO, BETTY ESQ. Street Address (P.O. Box Number is Not Acceptable) 1801 CORAL WAY SUITE 408 MIAMI, FL 33145 City Zip Code FL 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME SEIXAS, VICTOR N NAME STREET ADDRESS 600 N.E. 36TH STREET STREET ADDRESS CITY-ST-7IP MIAMI, FL 33137 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ~ CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete THEF ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing close 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 acquired and that my signature shall have the same legal effect as if made under och; that I am an officer or director of the corporation or the receiver or trustee empowered to effect his 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.

FILED