FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

1/7/2004-99001-022-$150.00-$150.00

FILED

04 FEB 26 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000108693

1. Entity Name
N2N PRECISE CONSULTING CORP.

DO NOT WRITE IN THIS SPACE

44000108

DO NOT WRITE IN THIS SPACE 03-04

2. Principal Place of Business	3. Mailing Address
17506 SW 139 CT	17506 SW 139 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33177 Country: USA	Zip: 33177 Country: USA

4. FEI Number: 55-0801912 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BUSINESS FILINGS INCORPORATED

Street Address (P.O. Box Number is Not Acceptable): 660 E JEFFERSON ST.

City: TALLAHASSEE FL Zip Code: 32301

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.

200030505882
03/16/04--01031--001 **150.00

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

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D	
NAME: NARCISSE KANT	
STREET ADDRESS: 17506 SW 139 CT	
CITY-ST-ZIP: MIAMI FL 33177	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 12-8-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #