

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90012 012 \*\*\*150.00

**DOCUMENT # P02000121371**

1. Entity Name  
**NAS GROUP CORP.**



Principal Place of Business  
**2875 NE 191ST STREET 801  
AVENTURA, FL 33180**

Mailing Address  
**2875 NE 191ST STREET 801  
AVENTURA, FL 33180**

**34018433**

2. Principal Place of Business

3. Mailing Address

**13935 NW 1st Ave**



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02182004

Chg-P

CR2E034 (10/03)

City & State

City & State

**Miami, FL**

4. FEI Number

**22-3883119**

Applied For

Not Applicable

Zip

Country

Zip

**33168**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SERBER, DANIEL J ESQ  
SERBER & ASSOCIATES, PA  
2875 NE 191ST STREET  
AVENTURA, FL 33180**

7. Name and Address of New Registered Agent

Name **P.B.A. Financial Svcs, Corp**

Street Address (P.O. Box Number is Not Acceptable)  
**13935 NW 1st Ave**

City **Miami**

**FL**

Zip Code **33168**

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

*[Signature]* **Sandra Arjivello Pres.**

**2/18/04**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **NASIELSKY, MAURICIO F**  
STREET ADDRESS **2875 NE 191ST STREET 801**  
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **D** ☐ Delete  
NAME **RINEK, FRIDA**  
STREET ADDRESS **2875 NE 191ST STREET 801**  
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **D** ☐ Delete  
NAME **NASIELSKY, FABIAN NESTOR**  
STREET ADDRESS **2875 NE 191ST STREET 801**  
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **D** ☐ Delete  
NAME **NASIELSKY, HERNAND GUIDO**  
STREET ADDRESS **2875 NE 191ST STREET 801**  
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 title empowered.

SIGNATURE:

*[Signature]* **Mauricio Nasielsky** **2/18/04** **305-688-9694**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #