

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

DOCUMENT # P02000127803

1. Entity Name
NABW, INC.



02-23-2004 90338 001 ***150.00
02-23-2004 90338 002 *****8.75

Principal Place of Business
**3656 E WEST HILLSBORO BLVD
DEERFIELD BEACH, FL 33442**

Mailing Address
**669 NW 46TH AVENUE
DEERFIELD BEACH, FL 33442**



01082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
3960 WEST HILLSBORO BLVD

3. Mailing Address
3960 W. HILLSBORO BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DEERFIELD BEACH, FL

City & State
DEERFIELD BEACH, FL

4. FEI Number
16-1648113

Applied For
Not Applicable

Zip
33442

Country
USA

Zip
33442

Country
U.S.A

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WACHTEL, NANCY
669 NW 46TH AVENUE
DEERFIELD BEACH, FL 33442**

Name

Street Address (P.O. Box Number is Not Acceptable)
3960 W. HILLSBORO BLVD

City **DEERFIELD BEACH**

FL

Zip Code
33442

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 **NANCY WACHTEL, PRES** *Nancy A. Wachtel* **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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
WACHTEL, NANCY
669 NW 46TH AVENUE
DEERFIELD BEACH, FL 33442** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3960 W. HILLSBORO BLVD
DEERFIELD BEACH, FL 33442** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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: **NANCY WACHTEL** *Nancy A. Wachtel* **2/18/04 954-570-1131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #