## FILED Jun 07, 2004 8:00 am Secretary of State 05-05-2004 90228 047 \*\*\*150.00

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## 2004 FOR PROFIT CORPORA

DOCUMENT # P03000010859  It forthy harms NSA SERVICES INC.  Principal Place of Business 1942 DISCOVERY CRICLEST 1942 DISCOVERY CRICLEST DEERRIELD BEACH, FL 33442  1942 DISCOVERY CRICLEST DEERRIELD BEACH, FL 33442  1976 DEERRIELD BEACH, FL 33442  1977 DEE		ANNOAL	REPORT		1			
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DEEMPELD BEACH, PL 33442  2. Principal Pace of Business  Sulta, Apt. 9, 600.  Suite. Applicable.  Applicable.  Suite. A	· · · · · · · · · · · · · · · · · · ·			AST		CCAD	ሰያበር	
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Suite, Apt. 4, ctc.    D422204   Chg.P   CR2E034 (10/03)		ď.				1160 inii 880 6814 683	E (151 MIN E 1772) INDI E 187 MI	U 11 9 11 11
City & State  Country  Zp  City  FL  Zp Code  Sheet Address of New Registered Agent  City  FL  Zp Code	2. Principal Pl	lace of Business	3. Mailing Address					
Zip   County   Zip   County   St. Certificate of Status Desired   St. 75. Academic   St	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222004	Chg-P	CR2E034 (10/03)	
2/p   County   Zip   County   S. Certificate of Steins Desired   S. S. 75 Ancidence   S. Certificate of Steins Desired   S. Certificate   S. Certificate of Steins Desired   S. Certificate o	City & State	B	City & State		4. FEI Number	05522	2.65 Ap	
PERA, NASSER 1942 DISCOVERY CIRCLE EAST OFFICENS AND DIRECTORS 19. P.		Country	Zip C	Country			\$0.7E	litional
PERA, NASSER 1942 DISCOVERY CIRCLE EAST DEERFIELD BEACH, FL 33442  City FL Zip Code  1. 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, if am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or preed name of registered signate.  PERA, NASSER  SIGNATURE  OFFICERS AND DIFFECTORS  10. OFFICERS AND DIFFECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11  THE NAME  PERA, NASSER  OFFICERS AND DIFFECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11  THE NAME  PERA, NASSER  ORT SI 72P  Detect  THE NAME  SIRET ADDRESS  ORT SI 72P  THE NAME  SIRET AD		=8.#Name and Address of Current	Registered Agent		1			
Since t Address (P.O. Box Number is Not Acceptable)  FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Zip Code  The abbove named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the oriligations of registered agent.  SIGNATURE  Conducts, loped or preed named registered agent and the applicable.  POTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the oriligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent, or both, in the State of Florida.  Signature of Portical State of Florida.  International State of Florida.  Signature of Portical State of Florida.  International State of Florida.  Internatio		:		'Name'		VI ITOM IN	g	
The ubove named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Syntax, typed or preduce of registered agent and the i applicable.  PILE NOWILL FEE IS:\$150.00  After May 1, 2004 Fee will be \$550.00  10. OFFICEIS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICEIS AND DIRECTORS IN 11  TILE  PEA, NASSER  1942 DISCOVERY CIRCLE EAST  OFFICEIS AND DIRECTORS  110. ADDITIONS/CHANGES TO OFFICEIS AND DIRECTORS IN 11  TILE  PEA, NASSER  1942 DISCOVERY CIRCLE EAST  OFFICEIS AND DIRECTORS  110. OFFICEIS AND DIRECTORS  111. ADDITIONS/CHANGES TO OFFICEIS AND DIRECTORS IN 11  TILE  NAME  STRET ADDRESS  CITY-51-2P  TILE  Obele  TILE  NAME  STRET ADDRESS  CITY-51-2P  Obele  TILE  NAME  STRET ADDRESS  CITY-51-2P  Obele  TILE  NAME  STRET ADDRESS  CITY-51-2P  OCTIONS/CHANGES  CITY-51-2P  Obele  TILE  NAME  STRET ADDRESS  CITY-51-2P  OCTIONS  CITY-51-2P  OCTIONS	1942 DISC	OVERY CIRCLE EAST	1	Street Address	(P.O. Box Number	is Not Acceptable)	. <del></del>	
B. 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:    Symature:   Symature, typed or present name of registered agent and the if expiration.   (NOTE: Registered Agent normal and received agent and the if expiration.   (NOTE: Registered Agent normal and received agent and the if expiration.   (NOTE: Registered Agent normal and received agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the property of	DEERFIEL	D BEACH, FL 33442						
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SIGNATURE Sprature, typoid or printed name of requisered agent and till it is applicable. (PICTE: Requisered Apent signature required when rentation)  After May 1, 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PEÑA, NASSER 1942 DISCOVERY CIRCLE EAST 1942 DISCOVERY	nie obligati							
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### After May 1, 2004 Fee will be \$550.00  10. OFFICERS AND DIRECTORS		7	*******************************					
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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 cor	rporation or the receiver or trustee crips	owered to execute this report as a with all other like empowered	required by Chapter 60	7. Florida Statutes	; and that my name	e appears in Block 10 o	r Block 11 if
of the corporation or the receiver or trustee-efficewered 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.	J							
of the corporation or the receiver or trusted 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 a statement with								