


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90008 034 \*\*\*158.75

<b>DOCUMENT # P03000029621</b> 1. Entity Name <b>NEBTA, INC.</b>					
Principal Place of Business <b>685 NE 126 STREET NORTH MIAMI, FL 33161</b>			Mailing Address <b>685 NE 126 STREET NORTH MIAMI, FL 33161</b>		
2. Principal Place of Business <b>PO Box 11274</b> Suite, Apt. #, etc.		3. Mailing Address <b>12173 NW 59 Street</b> Suite, Apt. #, etc.			
City & State <b>Pompano Beach FL</b> Zip Country <b>33061</b>		City & State <b>Coral Springs FL</b> Zip Country <b>33076 US</b>		4. FEI Number <b>27-0052101</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03242004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>BON ACCOUNTING 1100 NE 125 STREET STE 216 MIAMI, FL 33161</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Louben Monceur</i>			03-26-04 754-234-2491		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

J4026067

