

## ANNUAL REPORT

DOCUMENT # P03000032479

1. Entity Name  
NUDAROMI PELICAN CORP.

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90246 023 \*\*\*150.00

Principal Place of Business  
2875 NE 191ST ST., 801  
AVENTURA, FL 33180Mailing Address  
2875 NE 191ST ST., 801  
AVENTURA, FL 33180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

01222004

Chg-P

CR2E034 (10/03)

4. FEI Number

☒ Applied For  
☐ Not Applicable
5. Certificate of Status Desired ☐
**\$8.75** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

 SERBER, DANIEL J ESQ.  
 2875 NE 191ST ST., 801  
 AVENTURA, FL 33180

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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 SZAINROK, JACOBO  
 STREET ADDRESS 2875 NE 191ST ST., 801  
 CITY-ST-ZIP AVENTURA, FL 33180

 TITLE D ☐ Delete  
 NAME SZAINROK, GITLA  
 STREET ADDRESS 2875 NE 191ST ST., 801  
 CITY-ST-ZIP AVENTURA, FL 33180

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 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  
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 CITY-ST-ZIP

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 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)(l), 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:

*Yanick Szainrok*  
 YANICK SZAINROK

(305) 932-6262