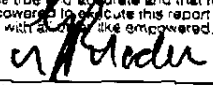


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000034539		
1. Entity Name GARY NADER CORPORATION		
Principal Place of Business 3306 PONCE DE LEON BLVD CORAL GABLES, FL 33134		Mailing Address 3306 PONCE DE LEON BLVD CORAL GABLES, FL 33134
DO NOT WRITE IN THIS SPACE		
		07012005 No Chg-P CR2E034 (10/03)
4. FEI Number 02-0889920		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CASTILLO B, ALVARO 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE
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 refreshing) DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NADER, GARY 3306 PONCE DE LEON BLVD CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 112.07(3)(a), 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 a power of attorney, or otherwise empowered.		
SIGNATURE: 		7/1/05 305-442 0256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day-Mo-Year