


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

3 **FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90031 040 \*\*\*150.00  
04-01-2004 90008 047 \*\*\*\*\*8.75

<b>DOCUMENT # P03000062433</b> 1. Entity Name <b>MONA NASEF, INC.</b>																																																																																																																																																					
Principal Place of Business <b>4270 JUNIPER TERRACE BOYNTON BEACH, FL 33436</b>			Mailing Address <b>4270 JUNIPER TERRACE BOYNTON BEACH, FL 33436</b>																																																																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																		
City & State			City & State																																																																																																																																																		
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Country		Country		03072004    Chg-P    CR2E034 (10/03)																																																																																																																																																	
4. FEI Number <b>51-0475740</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																																																																																																																																	
6. Name and Address of Current Registered Agent  <b>NASEF, MONA 4270 JUNIPER TERRACE BOYNTON BEACH, FL 33436</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: <u><i>Mona Nasef</i></u> <small>Signature, typed or printed name of registered agent and applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: <b>3/9/04</b>																																																																																																																																																	
<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>																																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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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.																																																																																																																																																					
SIGNATURE: <u><i>Mona Nasef</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <b>3/9/04</b> <small>Daytime Phone #</small>																																																																																																																																																	

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