

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000066727



1. Entity Name
NASARE, INC.

Principal Place of Business
3000 SW 3RD AVE., APT. 501
MIAMI, FL 33129

Mailing Address
3000 SW 3RD AVE., APT. 501
MIAMI, FL 33129

2. Principal Place of Business
1132 SW 8th St
Suite, Apt. #, etc.

3. Mailing Address
1132 SW 8th St
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33130

Zip
33130

Country
USA

Country
USA

6. Name and Address of Current Registered Agent

MALDONADO, LIBINSTON L
3000 SW 3RD AVE., APT. 501
MIAMI, FL 33129

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)

6/3/04
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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 PTD
NAME MALDONADO, LIBINSTON L
STREET ADDRESS 3000 SW 3RD AVE., APT. 501
CITY-ST-ZIP MIAMI, FL 33129

Delete

Delete

Delete

Delete

Delete

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/04
Date

305-860-0666
Daytime Phone #