

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90047 036 ***150.00

DOCUMENT # P03000082148

1. Entity Name
NAZCO, INC.



Principal Place of Business
**2451 BRICKELL AVE.
6H
MIAMI, FL 33129 US**

Mailing Address
**2451 BRICKELL AVE.
6H
MIAMI, FL 33129 US**

50032465



01102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
2451 BRICKELL AVE.

3. Mailing Address
2451 BRICKELL AVE.

Suite, Apt. #, etc.
#4D

Suite, Apt. #, etc.
#4D

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33129

Country

Zip
33129

Country

4. FEI Number
20-0114329

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NEHME, NAGIH
2451 BRICKELL AVE.
6H
MIAMI, FL 33129**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **NEHME, NAZIH**
STREET ADDRESS **2451 BRICKELL AVE. # 6H**
CITY-ST-ZIP **MIAMI, FL 33129**

TITLE **P** ☒ Change ☐ Addition
NAME **NEHME, NAZIH**
STREET ADDRESS **2451 BRICKELL AVE., #4D**
CITY-ST-ZIP **MIAMI, FL 33129**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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)(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

Date

Daytime Phone #

3/16/05