

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90101 023 ***150.00

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1. Entity Name
NOTE ARBITRAGE GROUP, INC.



44029578

Principal Place of Business
**1465 DAYTONIA RD.
MIAMI BEACH, FL 33140**

Mailing Address
**1465 DAYTONIA RD.
MIAMI BEACH, FL 33140**

2. Principal Place of Business

10800 BISCAYNE BLVD.
Suite, Apt. #, etc.
10TH FLOOR

3. Mailing Address

10800 BISCAYNE BLVD.
Suite, Apt. #, etc.
10TH FLOOR

04052004

Chg-P

CR2E034 (10/03)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

20-0957510

Applied For

Not Applicable

Zip
33161

Country
USA

Zip
33161

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROMERO, STAN
1465 DAYTONIA RD.
MIAMI BEACH, FL 33140**

7. Name and Address of New Registered Agent

Name
STAN ROMERO
Street Address (P.O. Box Number is Not Acceptable)
10800 BISCAYNE BLVD
10TH FLOOR
City
MIAMI FL Zip Code
33161

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

4-2-4

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
ROMERO, STAN
1465 DAYTONIA RD.
MIAMI BEACH, FL 33140** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
ROMERO, STAN
10800 BISCAYNE BLVD 10TH FLOOR
MIAMI FL 33161** ☒ Change ☐ Addition

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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)(f), 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 #

4-2-4 305.479.9079