2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

10/1/2004-90001018-$150.00-$150.00

FILED 04 OCT 13 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000088355

1. Entity Name
NATIONAL AMERICAN UTILITIES INC.

Principal Place of Business	Mailing Address
250 174TH ST WINSTON TOWERS BLD 100 # SUNNY ISLES BCH FL 33160	250 174TH ST WINSTON TOWERS BLD 100 # SUNNY ISLES BCH FL 33160

MOORE CR2E034 (4/04)

2. Principal Place of Business	3. Mailing Address
	c/o H. CHERNOFF
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2414 MORRIS AVE
City & State	City & State UNION NJ 07083
Zip / Country	Zip 07083 / Country USA

4. FEI Number 65-1209136 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FELDSHER, ELIA 250 174TH ST WINSTON TOWERS BLD 100 #1912 SUNNY ISLES BCH FL 33160	Name ELIA FELDSHER Street Address (P.O. Box Number is Not Acceptable) 250 174TH ST WINSTON TOWERS BLD #100 #1912 City SUNNY ISLES BEACH Zip Code FL 33160

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 Elia Feldsher — 09-21-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☒

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES ELIA FELDSHER 250 174TH ST WINSTON TOWERS BLD #100 #1912 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Elia Feldsher ELIA FELDSHER 9-21-04 (908) 910 7750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #