


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90072 013 ***150.00

DOCUMENT # P03000099386	
1. Entity Name NUDU & ASSOCIATES, INC	

Principal Place of Business 1631 NE 114TH ST., SUITE 111 NORTH MIAMI, FL 33181	Mailing Address 1631 NE 114TH ST., SUITE 111 NORTH MIAMI, FL 33181
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2. Principal Place of Business 3130 WEST 84th. ST. Suite, Apt. #, etc. UNIT 3	3. Mailing Address 16040 SOUTH POST. RD. Suite, Apt. #, etc. 201
City & State HIALEAH, FLORIDA	City & State WESTON, FLORIDA
Zip 33018	Country U.S.A.
Zip 33331	Country U.S.A.



03082005 Chg-P CR2E034 (10/03)

4. FEI Number 54-2125146	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NUNEZ, ELIAS 1631 NE 114TH ST., SUITE 111 NORTH MIAMI, FL 33181	7. Name and Address of New Registered Agent Name NUNEZ, ELIAS Street Address (P.O. Box Number is Not Acceptable) 3130 WEST 84th. ST. UNIT 3 City HIALEAH FL Zip Code 33018
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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 *Elías Nunez* DATE 03-08-2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNEZ, ELIAS 1631 NE 114TH ST., SUITE 111 MIAMI, FL 33181 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NUNEZ, ELIAS 3130 WEST 84th. ST. UNIT 3 HIALEAH, FLORIDA 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMILET D. NUNEZ 3130 WEST 84th. ST. UNIT 3 HIALEAH, FLORIDA 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Elías Nunez* DATE 03-08-2005 DAYTIME PHONE # 786-262-8121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR