

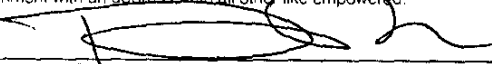


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90077 043 ***150.00

DOCUMENT # P03000101233 1. Entity Name AMPARO M. NISI, P.A.			
Principal Place of Business 315 EAST DAVIE BLVD. FORT LAUDERDALE, FL 33316		Mailing Address 315 EAST DAVIE BLVD. FORT LAUDERDALE, FL 33316	
2. Principal Place of Business 1585 NE. 26th Street		3. Mailing Address 14359 MIRAMAR PKWY	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. # 271	
City & State FT. LAUDERDALE FL		City & State MIRAMAR FL	
Zip 33305		Zip 33027	
Country 		Country 	
4. FEI Number 81-0632576		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 NISI, DESAMPARADOS M 315 EAST DAVIE BLVD. FORT LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name Desamparados M. Nisi Street Address (P.O. Box Number is Not Acceptable) 14359 MIRAMAR PKWY # 271 City MIRAMAR FL Zip Code 33027	
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 		DATE 5/6/04	
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME NISI, DESAMPARADOS M	<input checked="" type="checkbox"/> Delete	TITLE P.D
STREET ADDRESS 315 EAST DAVIE BLVD.	CITY-ST-ZIP FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Nisi, Desamparados m
CITY-ST-ZIP FORT LAUDERDALE, FL 33316	STREET ADDRESS 14359 MIRAMAR PKWY # 271	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP MIRAMAR, FL 33027
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
CITY-ST-ZIP 	STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
CITY-ST-ZIP 	STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
CITY-ST-ZIP 	STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: 		DATE 5/6/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Desamparados M. Nisi		Daytime Phone # 954-566-2022	

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