

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90008 037 ***150.00

DOCUMENT # P03000119604

1. Entity Name
NISMA, INC.



Principal Place of Business

**3254 HOY LAKE ROAD
LAKE WORTH, FL 33467**

Mailing Address

**3254 HOY LAKE ROAD
LAKE WORTH, FL 33467**

2. Principal Place of Business

3254 HOY LAKE RD

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE WORTH

City & State

Zip

33467

Country

PALM BEACH

Zip

Country

01252004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0358026

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NISKANEN, MATTI
3254 HOY LAKE ROAD
LAKE WORTH, FL 33467**

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

Matti Niskanen president

1/25/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$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	PRES	<input type="checkbox"/> Delete
NAME	NISKANEN, MATTI	
STREET ADDRESS	3254 HOY LAKE ROAD	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NISKANEN, LEA	
STREET ADDRESS	3254 HOY LAKE ROAD	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Matti Niskanen pres.

1/25/04

561-301-0724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #