

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2005 08:00 AM
Secretary of State

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

3. Mailing Address

Suite Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0358026

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NISKANEN, MATTI
3254 HOY LAKE ROAD
LAKE WORTH FL 33467

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 MATTI NISKANEN PRES.

1/27/05

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 PRES ☐ Delete

NAME NISKANEN, MATTI
STREET ADDRESS 3254 HOY LAKE ROAD
CITY- ST- ZIP LAKE WORTH FL 33467

TITLE ☐ Change ☐ Additor

NAME
STREET ADDRESS
CITY- ST- ZIP
U000000210584
02/02/05-80085-006 150.00

TITLE VP ☐ Delete

NAME NISKANEN, LEA
STREET ADDRESS 3254 HOY LAKE ROAD
CITY- ST- ZIP LAKE WORTH FL 33467

TITLE ☐ Change ☐ Additor

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Additor

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Additor

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Additor

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Additor

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)(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: *Matti Niskanen* MATTI NISKANEN PRES. 1/29/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-301-0724