

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # P03840

1. Entity Name
NEHOLD, INC.



Principal Place of Business
124 EAST COLONIAL DR.
ORLANDO, FL 32801

Mailing Address
124 EAST COLONIAL DR.
ORLANDO, FL 32801



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2655705

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KANTOR, HAL H., ESQUIRE
215 N. EOLA DRIVE
ORLANDO, FL 32802

**DO NOT WRITE
IN THIS SPACE**

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

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	C
NAME	MAYER, RINA
STREET ADDRESS	21 RUE MONT BLANC
CITY-ST-ZIP	1201 GENEVA, SW
TITLE	DPST
NAME	LEITERSDORF, JONATHAN
STREET ADDRESS	124 EAST COLONIAL DR.
CITY-ST-ZIP	ORLANDO, FL 32801.

TITLE	D
NAME	AVNAT, JOSEPH
STREET ADDRESS	21 RUE DU MONT BLANC
CITY-ST-ZIP	1201 GENEVA, SW

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000089201
03/15/04-80083-003 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Y. Avnat

Date

Daytime Phone #

23.2.04 (407) 849-0371