


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 08:00-AM
Secretary of State

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| DOCUMENT # P93000041853 |  |
| 1. Entity Name N.G.S. ENTERPRISES, INC. | |

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|---|---|
| Principal Place of Business 5701 S.W. 134TH AVE. DAVIE, FL 33330 US | Mailing Address 5701 S.W. 134TH AVE. DAVIE, FL 33330 US |
|---|---|



01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0424663 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

STERN, MARK
2424 N FEDERAL HWY
STE 454
BOCA RATON, FL 33431

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SERAYDAR, NANCY 5701 HUNTER LN DAVIE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SERAYDAR, CHARLES 5701 HUNTER LN DAVIE, FL |
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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: *Charles Seraydar* **Charles Seraydar** 01/27/04 954-680-3080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #