


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000045612		
1. Entity Name NAMOCO INC.		
Principal Place of Business 2601 S BAYSHORE DR STE 2040 MIAMI, FL 33133	Mailing Address 2601 S BAYSHORE DR STE 2040 MIAMI, FL 33133	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent MOORE, NATHAN A 2601 S BAYSHORE DR #2040 MIAMI, FL 33133		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 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		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOORE, NATHAN A 2601 S BAYSHORE DR # 2040 MIAMI, FL 33133	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MOORE TIMOTHY C 2601 S BAYSHORE DR # 2040 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MOORE, JAMES 2601 S BAYSHORE DR # 2040 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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: <u>Nathan A Moore</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7/23/04 (305) 8602317 <small>Date Daytime Phone #</small>



07232004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0424021

Applied For
Not Applicable

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

U000000168218
07/26/04-80004-024 158.75