


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90172 030 ***150.00

DOCUMENT # <u>P94000078482</u> 1. Entity Name <u>N.P.A. ENTERPRISES, INC</u>	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>5656 FLAMINGO ROAD</u> Suite, Apt. #, etc.	3. Mailing Address <u>SAME</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>COOPER CITY FLORIDA</u> Zip <u>33330</u>	City & State <u>COOPER CITY FL</u> Zip <u>33330</u>	4. FEI Number <u>650535626</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent Name <u>Matilde M. DiFalco</u> Street Address (P.O. Box Number is Not Acceptable) <u>5656 FLAMINGO ROAD</u> City <u>COOPER CITY</u> FL Zip Code <u>33330</u>
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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 Matilde M. DiFalco DATE 5-1-03

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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			
TITLE	NAME	TITLE	NAME
	<u>PRES</u>		<u>Matilde M. DiFalco</u>
STREET ADDRESS	<u>5656 FLAMINGO ROAD</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>COOPER CITY FL 33330</u>	CITY-ST-ZIP	
	<u>VICE PRES</u>		<u>JOSEPH DiFalco Jr</u>
STREET ADDRESS	<u>5656 FLAMINGO RD</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>COOPER CITY FL 33330</u>	CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Matilde M. DiFalco Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)