2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092024

Title:

Name:

Address:

City-St-Zip:

VPD

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AYMERICH, ALEXANDRA

CORAL GABLES, FL 33146

410 AMALFI AVE

FILED Jan 27, 2004 Secretary of State

Entity Name: NASON & NASON, INC. **Current Principal Place of Business: New Principal Place of Business:** 501 BRICKELL KEY DR SUITE 202 MIAMI, FL 33131 **New Mailing Address: Current Mailing Address:** 501 BRICKELL KEY DR SUITE 202 MIAMI, FL 33131 US FEI Number: 65-0541246 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NASON, DENNIS 1050 ANDORA AVE CORAL GABLES, FL 33146 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPST () Delete Title: DPST (X) Change () Addition Name: NASON, DENNIS Name: NASON, DENNIS H 1050 ANDORA AVE 1050 ANDORA AVE Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: CORAL GABLES, FL 33146 Title: DV Title: () Delete (X) Change () Addition Name: ROBSON, NAYDA NASON Name: NASON, DARLENE L 1925 BRICKELL AVE APT D412 1050 ANDORA AVE Address: Address: MIAMI, FL 33129 CORAL GABLES, FL 33146 City-St-Zip: City-St-Zip: () Delete (X) Change () Addition Title: Title: SV NASON, DUSTIN C NASON, DUSTIN C Name: Name: 24581 BRICKELL AVE APT 15K 24581 BRICKELL AVE APT 15K Address: Address: City-St-Zip: MIAMI, FL 33129 City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DENNIS H. NASON MR 01/27/2004

() Change () Addition