

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000002699	
1. Entity Name S.N. INDUSTRIAL, INC.	

Principal Place of Business 7225 NW 25TH ST. SUITE #300 MIAMI, FL 33122	Mailing Address 7225 NW 25TH ST. SUITE #300 MIAMI, FL 33122
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DO NOT WRITE IN THIS SPACE

	
02072004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0633800	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NASSER, SALIM 15401 SW 88TH AVE. MIAMI, FL 33157	DO NOT WRITE IN THIS SPACE
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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 reissuing) DATE _____

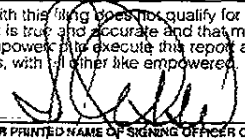
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NASSER, SALIM 7225 N.W. 25TH ST., STE. 300 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD NASSER, GISELLE L 7225 N.W. 25TH ST., STE. 300 MIAMI, FL 33122
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04/21/04-80022-009 158.75

DO NOT WRITE IN THIS SPACE

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:  **4/17/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #