

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000057452

1. Entity Name
 NOMO RESEARCH, INC.



Principal Place of Business
 8100 S.W. 81 DRIVE
 SUITE #210
 MIAMI, FL 33143-6603 US

Mailing Address
 8100 S.W. 81 DRIVE
 SUITE #210
 MIAMI, FL 33143-6603 US



02142005 No Chg-P CR2E034 (10/03)

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4. FEI Number **65-0689815** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PIERCE, ROBERT
 8100 S.W. 81 DRIVE
 SUITE #210
 MIAMI, FL 33143-6603

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	PIERCE, ROBERT
STREET ADDRESS	8100 S.W. 81 DRIVE., #210
CITY-ST-ZIP	MIAMI, FL 331436603
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: *[Signature]* Barry Hechtman 4/6/05 (305) 270-0014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #