



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90025 004 \*\*\*150.00

<b>DOCUMENT # P96000060669</b> 1. Entity Name <b>NATHAN JOYCE, INC.</b>																																							
Principal Place of Business <b>1815 E. COMMERCIAL BLVD. SUITE 104 FT. LAUDERDALE, FL 33308</b>			Mailing Address <b>1815 E. COMMERCIAL BLVD. SUITE 104 FT. LAUDERDALE, FL 33308</b>																																				
2. Principal Place of Business <b>6429 NW 50 ST.</b>		3. Mailing Address <b>6429 NW 50 ST.</b>																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																					
City & State <b>LAUDERHILL, FL.</b>		City & State <b>LAUDERHILL, FL.</b>																																					
Zip <b>33319</b>		Country <b>BROWARD</b>		4. FEI Number <b>65-0168249</b>																																			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable																																			
6. Name and Address of Current Registered Agent  <b>NORDEN, MAXINE 1815 E. COMMERCIAL BLVD. SUITE 104 FT. LAUDERDALE, FL 33308</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6429 NW 50 STREET</b> City <b>LAUDERHILL</b> <b>FL</b> Zip Code <b>33319</b>																																			
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 <u>Maxine Norden</u> DATE <u>3-1-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>D</b>  <b>NORDEN, MAXINE</b>  <b>1815 E COMMERCIAL BLVD, S-104</b>  <b>FT. LAUDERDALE, FL 33308</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NORDEN, MAXINE</b> <b>1815 E COMMERCIAL BLVD, S-104</b> <b>FT. LAUDERDALE, FL 33308</b>		<input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>6429 NW 50 ST.</b>  <b>LAUDERHILL, FL. 33319</b> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6429 NW 50 ST.</b> <b>LAUDERHILL, FL. 33319</b>														
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																																							
SIGNATURE: <u>Maxine Norden</u> DATE <u>3-1-04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																							