

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90400 021 \*\*\*150.00

**DOCUMENT # P96000073762**

1. Entity Name  
**NRD GROUP, INC.**



Principal Place of Business

**115 NW 167TH ST  
STE 300  
N MIAMI BCH FL 33169  
US**

Mailing Address

**115 NW 167TH ST  
STE 300  
N MIAMI BCH FL 33169  
US**

**44041530**



**MOORE CR2E034 (11/03)**

2. Principal Place of Business

**One SE 3rd Avenue  
Suite 3100  
Miami, FL 33131**

3. Mailing Address

**One SE 3rd Avenue  
Suite 3100  
Miami, FL 33131**

4. FEI Number  
**65-0700398**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BEHAR, SABY  
115 NW 167TH ST  
STE 300  
N MIAMI BCH FL 33169**

7. Name and Address of New Registered Agent

Name: **Tracy, GRANVIL**  
Street Address (P.O. Box Number is Not Acceptable)  
**One SE 3rd Avenue  
Suite 3100  
Miami, FL 33131**

**FL** Zip Code

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 **GRANVIL TRACY, PRESIDENT**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/27/04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **ASC**  
STREET ADDRESS **KENNEDY, JAMES**  
CITY-ST-ZIP **115 NW 167TH ST STE 300  
N MIAMI BEACH FL 33169**

TITLE ☐ Delete  
NAME **DVS**  
STREET ADDRESS **BEHAR, SABY**  
CITY-ST-ZIP **115 NW 167TH ST STE 300  
N MIAMI BCH FL 33169**

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **TRACY, GRANVIL**  
CITY-ST-ZIP **115 NW 167TH ST STE 300  
N MIAMI BCH FL 33169**

TITLE ☐ Delete  
NAME **DVT**  
STREET ADDRESS **JARVIS, BRUCE R**  
CITY-ST-ZIP **115 NW 167TH ST STE 300  
N MIAMI BCH FL 33169**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **One SE 3rd Avenue  
Suite 3100**  
CITY-ST-ZIP **Miami, FL 33131**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **One SE 3rd Avenue  
Suite 3100**  
CITY-ST-ZIP **Miami, FL 33131**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **One SE 3rd Avenue  
Suite 3100**  
CITY-ST-ZIP **Miami, FL 33131**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **One SE 3rd Avenue  
Suite 3100**  
CITY-ST-ZIP **Miami, FL 33131**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GRANVIL TRACY**

Date

**4/27/04**

Daytime Phone #

**305 654-1500**