


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90082 024 \*\*\*150.00

**DOCUMENT # P96000081766**

1. Entity Name  
**NITRO ENTERPRISES, INC.**



Principal Place of Business  
**2721 E ORCHARD CIR  
DAVIE FL 33328-6793  
US**

Mailing Address  
**2721 E ORCHARD CIR  
DAVIE FL 33328-6793  
US**



2. Principal Place of Business  
**4556 N. OCEAN DR.  
Suite, Apt. #, etc. #4**

3. Mailing Address  
**4556 N. OCEAN DR.  
Suite, Apt. #, etc. #4**

CHECK HERE IF MAKING CHANGES

City & State  
**LAUDERDALE BY THE SEA FL. LAUDERDALE BY THE SEA FL.**

Zip Country  
**33308 US 33308 US**

4. FEI Number **65-0699873** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**NIGRO, THOMAS  
2721 E ORCHARD CIR  
DAVIE FL 33328**

7. Name and Address of New Registered Agent

Name **T**

Street Address (P.O. Box Number is Not Acceptable)

City **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 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	<b>PDST</b>	<input type="checkbox"/> Delete
NAME	<b>NIGRO, THOMAS</b>	
STREET ADDRESS	<b>2721 E ORCHARD CIR</b>	
CITY-ST-ZIP	<b>DAVIE FL 33328</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Thomas Nigro (THOMAS NIGRO) 3/30/03 954-937-7213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)