


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2004 90245 045 ***150.00

DOCUMENT # P96000086831

1. Entity Name
NOWADAYS INCORPORATED



Principal Place of Business
**1985 N.W. 88TH COURT
 SUITE 201
 MIAMI, FL 33172**

Mailing Address
**1985 N.W. 88TH COURT
 SUITE 201
 MIAMI, FL 33172**

94075206



2. Principal Place of Business
2601 So. BAYSHORE DR.

3. Mailing Address
2601 So. BAYSHORE DR.

Suite, Apt. #, etc.
200

04232004 Chg-P CR2E034 (10/03)

City & State
COCONUT GROVE, FL

City & State
COCONUT GROVE, FL

Zip Country
33133

4. FEI Number
65-0741885

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ALVAREZ, VIVIAN C
 1985 NW 88 CT
 SUITE 201
 MIAMI, FL 33172**

7. Name and Address of New Registered Agent

Name
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RUBIN, JAIME	
STREET ADDRESS	1985 N.W. 88TH COURT, SUITE 201	
CITY-ST-ZIP	MIAMI, FL	
TITLE	DVTS	<input type="checkbox"/> Delete
NAME	RUBIN, EDUARDO	
STREET ADDRESS	1985 N.W. 88 CT #201	
CITY-ST-ZIP	MIAMI, FL 33172	
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	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBIN, JORJA	
STREET ADDRESS	2601 So. BAYSHORE DR. #200	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	DVTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, EDUARDO	
STREET ADDRESS	2601 So. BAYSHORE DR #200	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
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
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 and all other like empowered.

SIGNATURE:  **EDUARDO RUBIN** Date: **4/28/04** Daytime Phone #: **305 857 0480**