

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90445 020 ***150.00



DOCUMENT # P96000096131
 1. Entity Name
 NU-COAT INDUSTRIES, INC.

Principal Place of Business
 7709 WEST 20TH AVENUE
 HIALEAH, FL 33014

Mailing Address
 14025 NW 60 AVE.
 MIAMI LAKES, FL 33014

2. Principal Place of Business
 14025 NW 60 AVE

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 MIAMI LAKES FL

City & State

Zip
 33014

Country
 USA

4. FEI Number
 65-0718946

Applied For
 Not Applicable

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

04202004 Chg-P CR2E034 (10/03)



6. Name and Address of Current Registered Agent

HAMILTON, BARCLAY M
 14025 NW 60 AVE.
 MIAMI LAKES, FL 33014

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	D	<input type="checkbox"/> Delete
NAME	ABBATE, FLORIO J	
STREET ADDRESS	14025 NW 60 AVE.	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALOI, FRANK A	
STREET ADDRESS	7441 NORTHWEST 6TH STREET	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, BARCLAY M	
STREET ADDRESS	14025 NW 60 AVE.	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14025 NW 60 AVENUE	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
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, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/23/04 DAYTIME PHONE #: 305-362-0100