


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90162 015 \*\*\*150.00

<b>DOCUMENT # P97000067430</b>	
1. Entity Name <b>NYACK LAND CO.</b>	

Principal Place of Business <b>12875 SW 199 AVENUE MIAMI, FL 33196</b>	Mailing Address <b>12875 SW 199 AVENUE MIAMI, FL 33196</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04302004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>LASARTE, FELIX ERO. KEITH, MACK LEWIS, ET AL. 200 SOUTH BISCAYNE BLVD., 20TH FLOOR MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>BUROSERV.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10585 SW 105<sup>th</sup> CT #201</b> City <b>MIAMI</b> FL Zip Code <b>33176</b>	
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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 *Francisco DelaPaz* **Francisco DelaPaz DBA BurroServ.** DATE **4-30-04**

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

<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 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. PEREZ GALAN, MANUEL</b> <b>12875 SW 199 AVENUE</b> <b>MIAMI, FL 33196</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Manuel Perez Galan* **Manuel Perez Galan** DATE **4-30-04** DAYTIME PHONE # **305 596 5655**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR