


-2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000080436

1. Entity Name
NOMAD ORLANDO, INC.



Principal Place of Business Mailing Address

2200 LUCIEN WAY **2200 LUCIEN WAY**
SUITE 350 **SUITE 350**
MAITLAND, FL 32751 **MAITLAND, FL 32751**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03022004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-3468494 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEVELEFF, STEPHAN
2200 LUDEN WAY
350
MAITLAND, FL 32751

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete

NAME **ABALKHAIL, SULAIMAN**

STREET ADDRESS **2200 LUCIEN WAY, STE 350**

CITY - ST - ZIP **MAITLAND, FL 32751**

Change Addition

U00000111070
04/12/04-80107-022 150.00

TITLE **D** Delete

NAME **NEVELEFF, STEPHAN M**

STREET ADDRESS **2200 LUCIEN WAY 350**

CITY - ST - ZIP **MAITLAND, FL 32751**

TITLE Change Addition

NAME _____

STREET ADDRESS _____

CITY - ST - ZIP _____

TITLE Delete

NAME _____

STREET ADDRESS _____

CITY - ST - ZIP _____

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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: *Stephan M Neveleff* **STEPHAN M NEVELEFF** 3/10/04 407 825 9389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #