


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90060 033 ***150.00

DOCUMENT # P98000030569			
1. Entity Name NUONICS, INC.			
Principal Place of Business 3361 ROUSE ROAD STE 170 ORLANDO FL 32817 US		Mailing Address 3361 ROUSE ROAD STE 170 ORLANDO FL 32817 US	
2. Principal Place of Business 1025 S. SEMORAN BLVD		3. Mailing Address 1025 S. SEMORAN BLVD	
Suite, Apt. #, etc. SUITE 1093		Suite, Apt. #, etc. SUITE 1093	
City & State WINTER PARK, FL		City & State WINTER PARK, FL	
Zip 32792	Country	Zip 32792	Country



MOORE CR2E034 (11/03)

4. FEI Number 59-3501444		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIZA, NABEEL A - 3361 ROUSE ROAD STE 170 ORLANDO FL 32817		7. Name and Address of New Registered Agent Name NABEEL A. RIZA Street Address (P.O. Box Number is Not Acceptable) 1025 S. SEMORAN BLVD, SUITE 1093 WINTER PARK FL 32792 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 <i>Nabeel A. Riza</i> (NABEEL A. RIZA) DATE March 31, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD RIZA, NABEEL A 3361 ROUSE ROAD STE 170 ORLANDO FL 32817 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD RIZA, NABEEL A 1025 S. SEMORAN BLVD, SUITE 1093 WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, FRANK 3361 ROUSE ROAD STE 170 ORLANDO FL 32817 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, FRANK 1025 S. SEMORAN BLVD, SUITE 1093 WINTER PARK, FL 32792 <input checked="" 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: *Nabeel A. Riza* (**NABEEL A. RIZA**) DATE: **March 31, 04** DAYTIME PHONE #: **407-379-0164**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR