

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90164 013 ***150.00

DOCUMENT # P98000055493

1. Entity Name
EAGLE N.D.T., INC.



Principal Place of Business
**2521 NW 16TH LANE
POMPANO BEACH, FL 33064**

Mailing Address
**5007 HERON COURT
COCONUT CREEK, FL 33073**

54052888



2. Principal Place of Business

3. Mailing Address

2521 N.W. 16th LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004

Chg-P

CR2E034 (10/03)

City & State

City & State

POMPANO BEACH, FL

4. FEI Number

65-0858841

Applied For

Not Applicable

Zip

Country

Zip

33064

Country

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

**SOLOMON, MEIR
5007 HERON COURT
COCONUT CREEK, FL 33073**

**2521 N.W. 16th LANE
POMPANO BEACH, FL 33064**

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

(Signature, typed or printed name of registered agent and this if applicable)

(NOTE: Registered Agent signature required when terminating)

DATE

**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** ☐ Delete
NAME **SOLOMON, MEIR**
STREET ADDRESS **5007 HERON COURT 2521 N.W. 16th LANE**
CITY-ST-ZIP **COCONUT CREEK, FL 33073 POMPANO BEACH, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

MEIR SOLOMON, DIRECTOR

4-01-04

(954)977-6879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number