2064 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 01, 2004 08:00 AM Secretary of State

ANNUAL REPORT					Sep 01, 2004 08:00			
	MENT # P98000079			S	ecretar	y of Stat		
1. Entity Name TRAVIS TROPHIES AND JEWLERY NFM INC.								
1868 N. TAI	ce of Business MIAMI TRAIL IS, FL 33917	Mailing Address 1868 N. TAMIAMI TRAIL N. FT. MYERS, FL 33917						
DO NOT WRITE IN THIS SPAC			CE	03042003 4. FEI Numb 65-086		CR2E034 (10		
6. Name and Address of Current Registered Agent PINTO, KELLY 1868 N. TAMIAMI TRAIL N. FT. MYERS, FL 33917			DO NOT WRITE IN THIS SPACE					
5. 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								
FILE NOWIL FEE IS \$550.00 Due by September 8, 2004 9. Election Campaign Finan Trust Fund Contribution.			cing \$5.	\$5.00 May Be U00000171369 09/01/04-80003-021 550.00				
10.	OFFICERS AND DI	RECTORS	f		2012412		<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINTO, KELLY 1404 CLARET COURT FORT MYERS, FL 33919					· ·	·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PINTO, ROBERTO S 1404 CLARET COURT FORT MYERS, FL 33919							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				N. N	- <u> </u>			

12. Thereby certify that the information supplied with this filling 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 according 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 AND TYPED OF PRINTED NAME OF SIGNAD OFFICER OR DIRECTOR

8-28-04

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Daylime Phone #