

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000101642

FILED
Apr 27, 2004
Secretary of State

Entity Name: NURSESTOP INC.

Current Principal Place of Business:

6090 W 18 AVE
334
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

6090 W 18 AVE
334
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-0882559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NAPOLIS, MERCEDES C
6090 W 18 AVE
334
HIALEAH, FL 33012

Name and Address of New Registered Agent:

NAPOLIS, GILBERTO
6090 W 18 AVE
334
HIALEAH, FL 33012

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.

SIGNATURE: GILBERTO NAPOLIS

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NAPOLIS, MERCEDES C
Address: 6090 W 18 AVE # 334
City-St-Zip: HIALEAH, FL 33012

Title: VSTD () Delete
Name: NAPOLIS, ADRIAN
Address: 6090 W 18 AVE # 334
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NAPOLIS, MERCEDES C
Address: 590 HUNTINGTON CIRCLE
City-St-Zip: LAKE VILLA, IL 60046

Title: VSTD (X) Change () Addition
Name: NAPOLIS, ADRIAN
Address: 590 HUNTINGTON CIRLE
City-St-Zip: LAKE VILLA, IL 60046

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIAN NAPOLIS

VSTD

04/27/2004

Electronic Signature of Signing Officer or Director

Date