

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000106214

1. Entity Name
N & C SERVICES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 15 AM 8:00

Principal Place of Business
7472 WEST 32ND COURT
HIALEAH, FL 33018

Mailing Address
7472 WEST 32ND COURT
HIALEAH, FL 33018



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212004

Chg-P

CR2E034 (10/03)

MRS

City & State

City & State

4. FEI Number
65-0883260

Applied For
Not Applicable

Zip

Country

Zip

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

HERANDEZ, NATANAEL
7472 WEST 32ND COURT
HIALEAH, FL 33018

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
HERNANDEZ, NATANEL
7472 WEST 32ND COURT
HIALEAH, FL 33018 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
HERNANDEZ, CATALINA
7472 WEST 32ND COURT
HIALEAH, FL 33018 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500027528015
01/26/04--01005--016 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

All sheet attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Division of Corporations

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Document Number
P98000106214
Business Entity Name
N & C SERVICES, INC.

FEI Number

650883260

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

7472 WEST 32ND COURT

Suite, Apt. #, etc.

City, State

HIALEAH

FL

Zip Code & Country

33018

Mailing Address

Address

7472 WEST 32ND COURT

Suite, Apt. #, etc.

City, State

HIALEAH

FL

Zip Code & Country

33018

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

HERANDEZ

NATANAEL

-or- RA Business Name

Address

7472 WEST 32ND COURT

Suite, Apt. #, etc.

City, State

HIALEAH

FL

Zip Code & Country

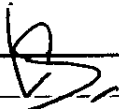
33018

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

395

Registered Agent Signature



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Document Number
P98000106214
 Business Entity Name
N & C SERVICES, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title
 Name (Last, First, Middle, Title)
 -or- Entity Name
 Street Address
 City, State
 Zip Code & Country

Title
 Name (Last, First, Middle, Title)
 -or- Entity Name
 Street Address
 City, State
 Zip Code & Country

Title
 Name (Last, First, Middle, Title)
 -or- Entity Name
 Street Address
 City, State
 Zip Code & Country

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~~Document~~
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Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the
'Officer/Director Signature' block below. A corporate name is not
allowed in this block.

Title PSD
Officer/Director Signature

Continue

Reset

Start Over

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