


2004 FOR PROFIT CORPORATION ANNUAL REPORT

1025

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 15 AM 8:00

DOCUMENT # P98000106214 1. Entity Name N & C SERVICES, INC.	
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Principal Place of Business 7472 WEST 32ND COURT HIALEAH, FL 33018	Mailing Address 7472 WEST 32ND COURT HIALEAH, FL 33018
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01212004 Chg-P CR2E034 (10/03) *MRS*

6. Name and Address of Current Registered Agent	
HERANDEZ, NATANAEL 7472 WEST 32ND COURT HIALEAH, FL 33018	

7. Name and Address of New Registered Agent	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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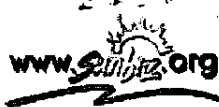
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <input type="checkbox"/> Delete HERNANDEZ, NATANEL 7472 WEST 32ND COURT HIALEAH, FL 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 1.2em;">500027528015</div> 01/26/04--01005--016 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <input type="checkbox"/> Delete HERNANDEZ, CATALINA 7472 WEST 32ND COURT HIALEAH, FL 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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: *See sheet attached* _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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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

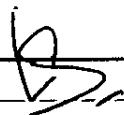
33018

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.

~~XXXXXXXXXX~~
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

~~XXXXXXXXXX~~
595

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

Officer/Director Signature