2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P98000108356 1. Entity Name NINA ENTERPRISES, INC.					Feb 12, 2004 08:00 AM Secretary of State			
Principal Place of Business Mailing Address					1			
2269 NW 199TH ST 1960 EMILO LANE								
MIAMI FL 33056 - WEST PALM BEACH FL 3340				6				
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Principal Place of Business 3. Mailing Address					1			
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			MOORE CR2E034 (11/03)			
City & State		City & State			4. [FEI Number 65-0909296	}	Applied For
Zip	Country Zip Cou		ritry	5. Certificate of Status Desired See Required				
	6. Name and Address of Current	Registered Agent		T	7. Name and Address of New Registered Agent			
				Name				
DIAZ, NORMA A				Street Address (P.O. Box Number is Not Acceptable)				
1960 EMILO LANE WEST PALM BEACH FL 33406								
			Csty			Zip Co	de	
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 according to the control of the purpose of changing its registered agent, or both, in the State of Florida.								, 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								
FIL	E NOW!!! FEE IS \$150.00	7, 1						
After I			 Election Campaign Financing Trust Fund Contribution. 		OO May Be ed to Fees			
Make Check Payable to Florida Department of State								
10.	OFFICERS AND		11.		AD	DITIONS/CHANGES TO OFFICERS		
} {	PSTD DIAZ, NORMA A	☐ Delete	TITE NAM	1			☐ Change	Addition
3 5	.			EET ADDRESS				
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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 attaching with an address, with all other like empowered.								

NATURE AND DIFFELON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

oalida4

Daytime Phone #