2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000036402

1. Entity Name

NIALA PROPERTY, INC.

FILED Feb 16, 2004 8:00 am Secretary of State 02-16-2004 90040 045 ***150.00

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Principal Place of Business 8145 NW 93 STREET MEDLEY, FL 33166			8	Mailing Address 8145 NW 93 STREET MEDLEY, FL 33166			24010856		
2 Principal Pl	aca of Busine	oce	1 2	Mailing Address					
2. Principal Place of Business			3.	Maning Address			I INERIIOEN INN INIIM INEIL ONUN ORAIN ERAIN NEALUS MINN NAMI ENEK ANNIN MAINEN EN INEEL		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			02062004 Chg-P CR2E034 (10/03)		
City & State				City & State			4. FEI Number - Applied For 65-0913730 Not Applicable	le	
Zip Country			Zip Coun		ntry	5. Certificate of Status Desired See Required Fee Required			
6. Name and Address of Current Registered Agent						[7. Name and Address of New Registered Agent		
						Name			
CAMPOS, JOSE R 8145 NW 93 STREET MEDLEY, FL 33166				Street Addres			ss (P.O. Box Number is Not Acceptable)		
MEDLET, FL 33100									
					-	City			
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 bile	if applicable. (NO	TE: Registere	ad Agent signature requ	quired when reinstaling)		
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 DIRE	CTORS	11.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_	
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CITY-ST-ZIP CITY						Y-ST-ZIP			
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: v