

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90054 020 ***150.00

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1. Entity Name

NASRALLAH FINE ARCHITECTURAL DESIGN, INC.



Principal Place of Business

**507 N. NEW YORK AVENUE
SUITE 300
WINTER PARK, FL 32789**

Mailing Address

**507 N. NEW YORK AVENUE
SUITE 300
WINTER PARK, FL 32789**

00000001



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3572579

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NASRALLAH, MARK P
507 N. NEW YORK AVENUE
SUITE 300
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NASRALLAH, MARK P
STREET ADDRESS 507 N. NEW YORK AVENUE, SUITE 300
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE D
NAME NASRALLAH, DREW
STREET ADDRESS 507 N NEW YORK AVENUE, #300
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE D
NAME NASRALLAH, KYLE
STREET ADDRESS 507 N NEW YORK AVENUE, #300
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE T
NAME PAULUCCI, LORI
STREET ADDRESS 507 N. NEW YORK AVE.
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/05

Date

Daytime Phone #