2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 01, 2004 8:00 am Secretary of State **DOCUMENT # P99000042269** 04-01-2004 90037 035 ***150.00 NILSSON TRUST, INC. Principal Place of Business Mailing Address 1629 RIVERVIEW RD PO BOX 1420 POMPANO BEACH, FL 33441 APT# 720 DEERFIELD BEACH, FL 33441 2. Principal Place of Business 3. Mailing Address 23205 FOUNTAIN WEN P.O. BOX 1420 Suite, Apt. #, etc. Suite, Apt. #, etc 03292004 CR2E034 (10/03) Cha-P # = Applied For City & State 4. FEI Number City & State POMIANO BEACH ۴L. BOCA RATON 65-1013286 Not Applicable Country Country \$8.75 Additional u.'s. A. 5. Certificate of Status Desired \Box 33433 3306 U.S. FA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHREBER ANDRES. SCHREIBER, ANDRIES Street Address (P.O. Box Number is Not Acceptable) 1629 RIVERVIEW RD. APT #720 DEERFIELD, FL 33444 # ~ 23205 FOUNTAIN UIEU City BOCH CATON 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. allt A.I. SCHREIBER SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 9. TITLE ☐ Delete TITLE Change ANDRIEST, SCHEIBER ANDRES J. SCHREIBER NAME NAME ABAOS FOUNTAIN LIEW # E 1629 RIVERVIEW RD APT #720 STREET ADDRESS STREET ADDRESS BOCA RATION FL. 33433 CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP VP. M-Change TITLE ☐ Delete TITLE Addition NAME FRANCES, SCHREIBER I NAME SCHREIBER FRANCES. I. 23205 FOUNTAIN LIEW #E STREET ADDRESS 1629 RIVERVIEW RD APT #720 STREET ADDRESS DEERFIELD BEACH, FL 33441 33433 CITY-ST-ZIP COY-ST-ZP FL BOCA RATON TITLE ☐ Delete Ππ ε Change ☐ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Defete Change ■ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT) F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. (561) 367-8118

P. ₹.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SCHREIBER 03/29

FILED