


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90255 030 \*\*\*150.00

<b>DOCUMENT # P99000086884</b>	
1. Entity Name <b>NIDNA GROUP CORPORATION</b>	

Principal Place of Business <b>501 BRICKELL KEY DR, SUITE 504 MIAMI, FL 33131</b>	Mailing Address <b>501 BRICKELL KEY DR, SUITE 504 MIAMI, FL 33131</b>
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2. Principal Place of Business	3. Mailing Address <b>501 Brickell Key</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Apt # 0-305</b>
City & State	City & State <b>Miami FL</b>
Zip	Country <b>33131 USA</b>



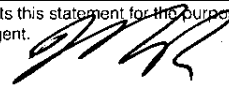
04152004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0960562</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ROBINSON, WESLEY M 501 BRICKELL KEY DR, SUITE 504 MIAMI, FL 33131</b>	
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7. Name and Address of New Registered Agent <b>Transglobal Corporate Administration LLC 501 Brickell Key Drive Ste 0-305 Miami FL 33131</b>	
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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 	DATE <b>4/29/04</b>

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> 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	DPS HOLGUIN, ANDRES 504 BRICKELL KEY DR #504 MIAMI, FL 33131 <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
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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)(f), 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.	
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SIGNATURE: 	DATE <b>04/30/04</b>	Daytime Phone # <b>374 3800</b>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #