

2005 FOR PROFIT CORPORATION ANNUAL REPORT

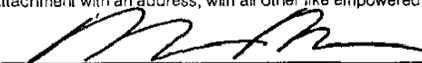
FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90973 012 ***150.00

DOCUMENT # P99000106766			
1. Entity Name NUNO, INC.			
Principal Place of Business 14317 MIRAMAR PKWY. MIRAMAR, FL 33027		Mailing Address 6601 LYONS RD. #19 COCONUT CREEK, FL 33073	
2. Principal Place of Business Hall Johnson Road Suite, Apt. #, etc. Suite #2 City & State Coconut Creek FL Zip 33073 Country USA		3. Mailing Address Hall Johnson Road Suite, Apt. #, etc. Suite #2 City & State Coconut Creek FL Zip 33073 Country USA	
4. FEI Number 65-0968279		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent: BEIRA, NUNO 12328 W. SAMPLE RD. CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Beira Nuno Street Address (P.O. Box Number Not Acceptable) 15580 SW 49th Court City & State Miramar FL Zip Code 33027	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BEIRA, NUNO 12328 W. SAMPLE RD. CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Beira, Nuno 15580 SW 49th Court Miramar, FL 33027 <input checked="" 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)(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:  4/28/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #