## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S34118

FILED May 01, 2004 Secretary of State

**Entity Name: NAPOLEON DEVELOPMENT CORPORATION Current Principal Place of Business: New Principal Place of Business:** 375 NE 54 ST MIAMI, FL 331372900 **Current Mailing Address: New Mailing Address:** 375 NE 54 ST SUITE #5 MIAMI, FL 331372900 US FEI Number: 65-0350139 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NAPOLEON, ELIMA 375 NE 54 ST SUITE #5 MIAMI, FL 331372900 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition NAPOLEON, ELIMA NAPOLEON, ELIMA Name: Name: 375 NE 54 ST 1849 SE PORT ST LUCIE BLVD Address: Address:

City-St-Zip: MIAMI, FL 331372900 City-St-Zip: PORT ST LUCIE, FL 34984 () Change () Addition

Title: Title: () Delete NAPOLEON, ODETTE Name: Name:

375 NE 54 ST Address: Address: MIAMI, FL 331372900 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIMA NAPOLEON **PRES** 05/01/2004