


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 08:00 AM
Secretary of State

DOCUMENT # S47700	
1. Entity Name NATIONAL BROKERAGE, INC.	

Principal Place of Business 12060 NW SOUTH RIVER DR. MEDLEY, FL 33178	Mailing Address 12060 NW SOUTH RIVER DR. MEDLEY, FL 33178
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DO NOT WRITE IN THIS SPACE



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0340572	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

**RIVERO, LUIS S., ESQ.
2600 SW 37TH AVE.
SUITE 307
CORAL GABLES, FL 33134**

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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	000000044828 02/11/04-80037-015 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACOSTA, ALEJANDRO 12060 NW SOUTH RIVER DR. MEDLEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELORTEGUI, MARTA 12060 NW S RIVER DR MEDLEY, FL 33178
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE:  **Director** **2/2/04** **(305) 888-1717**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #