

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S98768

Entity Name: NAS MANAGEMENT, INC.

FILED
Feb 23, 2004
Secretary of State

Current Principal Place of Business:

1111 LINCOLN ROAD
SUITE 400
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1111 LINCOLN ROAD
SUITE 400
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-0300789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARFINKLE, DAVID I
1111 LINCOLN RD.
SUITE 800
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

GARFINKLE, DAVID I
1111 LINCOLN RD.
SUITE 400
MIAMI BEACH, FL 33139 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:

02/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALPIZAR, NAYADE
Address: 6942 HOLLY RD
City-St-Zip: MIAMI LKS, FL 33014

Title: P () Delete
Name: GARFINKLE, DAVID
Address: 1111 LINCOLN RD #800
City-St-Zip: MIAMI BCCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: DAVID GARFINKLE

P

02/23/2004

Electronic Signature of Signing Officer or Director

Date