

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90016 042 ***158.75



DOCUMENT # V07244		1. Entity Name NATIONAL EQUITIES CORP., S.A.	
Principal Place of Business 4101 RAVENS WOOD RD 128 FORT LAUDERDALE, FL 33312		Mailing Address PO BOX 11597 FORT LAUDERDALE, FL 33339	
2. Principal Place of Business 2809 MIDDLE RIVER DR.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL		City & State	
Zip 33306		Country USA	
4. FEI Number 65-0304752		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIFRANCESCO, HARRY F. 2901 MIDDLE RIVER DRIVE FT. LAUDERDALE, FL 33306		7. Name and Address of New Registered Agent Name: MARY ANN Dombrowe Street Address (P.O. Box Number is Not Acceptable): 2809 MIDDLE RIVER DR. City: Ft. Lauderdale FL Zip Code: 33306	
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: <u>Mary Ann Dombrowe</u> DATE: <u>2/23/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <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 BROWN, JOEL 4101 RAVENSWOOD RD 128 FORT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MARY ANN Dombrowe 2809 MIDDLE RIVER DR. FT. LAUDERDALE FL 33306 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIELLEY, SID 4101 RAVENSWOOD RD 128 FORT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SBC. D JAY SANET 1747 VAN BOVEN ST, Suite 970 Hollywood FL 33020 <input type="checkbox"/> Change <input checked="" 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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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: <u>SID Reilly</u>		<u>2-23-04 954-920-0036</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



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