## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 12, 2004 8:00 am Secretary of State

Daytime Phone #

Mailing Actives   A31 St 19 AVE   A32 St 19 AVE   A33 St 19	DOCUMENT # V20648  1. Entity Name ELIAS NEHME ENT., INC.									03-1	12-2004	4 90017 0	33 ***1	50.00
POMPANO BCH, FL 33060 US  POMPANO BCH, FL 33060 US  POMPANO BCH, FL 33060 US  Suite, Apit, #, otc.   Suite, Apit, #, etc.   O3052004   Chg. P   CR2E034 (TD/03)  Coy & State   City & Stat	431 SW 19 A		s	-	-									
Suite. Apt. # etc.    Suite. Apt. # etc.   03052004   Chg.P   CR2E034 (10/03)   Chy & State   Chy & State   4. FEI Number   65-0333453   Applied for   MA Applicable   Exp.   Country   Zp   Country   Sp. Certificate of Sistus Desired   Se.75 Applied for   Registered Agent   T. Name and Address of Current Registered Agent   T. Name and Address of New Registered Agent   T. Name and Address	-	CH, FL 330	60 US	POMPANO BCH, FL 33060 US				I ERRIK DIII		))   <b>                    </b>	DIEM DEBIL DIEM	83811 <del>8</del> 1811 838	P <b>a</b> ú din	
City & State  Country  In Applicable of Record Record Country  In Applicable of Record	2. Principal P	lace of Busin	3. Mailing Address											
Section   Sect	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				03052004	Chg	·P	CR2E03	4 (10/03)			
S. Certification of Status Desired   Fee Required   S. Certification of Status Desired   Fee Required   Fee Req	City & Stat	e	City & State						······································	•	_ <del> `</del>	<u> </u>		
Name    Street Address (P.O. Box Number is Not Acceptable)	Zip	-		Country										
NEMME ELIAS 431 SE 19TH AVE STE 1 POMPANO BEACH, FL 33060  City  FL  Zip Code  C		6. Name	and Address of Current	Registered	Agent			_	7. Name an	d Address	of New Ro	egistered Ag	ent	
Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  6. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, and provide the designation of registered agent and tied agrotatable.  (NOTE Registered Agent speaker required when remissing)  FILE NOWIHI FEE IS \$150.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  OR STREET ADDRESS  STREET ADDRESS  CITY 51-2P  OR STREET ADDRESS  CITY 5	NEHME E	LIAS					Name							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Roida. I am familiar with, and accept the obligations of registered agent.  Signature:    Cubul	431 SE 19TH AVE STE 1						Street Address (P.O. Box Number is Not Acceptable)							
8. The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE   Claim							City						Zip Cod	e
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