




2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # V35541 1. Entity Name NILI CORPORATION		
Principal Place of Business 3201 NW 24TH STREET ROAD MIAMI, FL 33142	Mailing Address 3201 NW 24TH STREET ROAD MIAMI, FL 33142	
DO NOT WRITE IN THIS SPACE		
 01262004 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0337416		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 MONOCANDILOS, JORDAN 3201 NW 24TH STREET ROAD MIAMI, FL 33142		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONOCANDILOS, JORDAN 3201 NW 24TH ST. RD. MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONOCANDILOS, THEODORA 3201 NW 24TH ST. RD. MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIAZ, LILIA A. 3201 NW 24TH ST. RD. MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ISERN, JORGE E. 3201 NW 24TH ST. RD. MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONOCANDILOS, NICOLAS 3201 NW 24TH ST RD MIAMI, FL 33142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	
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: 		Date _____ Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

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 05/03/04-80213-010 158.75

DO NOT WRITE IN THIS SPACE