REINSTATEMENT 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

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DOCUMENT # F99000000973

NADEAU CORPORATION



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SECRETARY OF STATE

TALLAMASSEE FLORIDA Principal Place of Business* Mailing Address BEINSTATEMENT 1223 WILSHIRE BLVD., #447 1223 WILSHIRE BLVD., #447 SANTA MONICA, CA 90403 SANTA MONICA, CA 90403 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09232004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 95-4713578 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARACORP INCORPORATED Street Address (P.O. Box Number is Not Acceptable) 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303 City Zip Code 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 \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE Change Addition NAME NADEAU, THOMAS E NAME 1223 WILSHIRE BLVD., #447 STREET ADDRESS 800041857268 10/13/04--01053--010 **15 STREET ADDRESS CITY-ST-ZIP SANTA MONICA, CA CITY-ST-ZIP **150 . TITLE ☐ Defete TITLE ☐ Change ☐ Addition NADEAU, RYOKO NAME NAME 1223 WILSHIRE BLVD., #447 STREET ADDRESS STREET ADDRESS SANTA MONICA, CA CITY-ST-ZIP CITY-ST-ZIP TITLE ST ☐ Delete TITLE Change ☐ Addition KURODA, AKIKO NAME NAME 1223 WILSHIRE BLVD., #447 STREET ADDRESS STREET ADDRESS SANTA MONICA, CA CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

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TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Daytime Phone #

☐ Change

☐ Addition

SECRETARY OF STATE TALLAHASSEE FLORIDA

October 5, 2004

Florida Department of State Division of Corporations P. O. Box 1500 Tallahassee, FL 32302-1500

Re:

Nadeau Corporation FEI Number 95-4713578 2004 for Profit Corporation Annual report Document # F99000000973

Dear Sir or Madam:

In accordance with your enclosed notice dated 9/24/04 (copy attached) and pursuant to 607.193(1)(b), Florida Statues, we are eligible for a waiver of the \$400 late fee, because we did not receive notice that the annual report that was due by May 1, 2004, until September 24, 2004. A copy of your stamped envelope is also attached for your reference and verification.

Based on the above facts, a check for \$150.00 only is enclosed to cover the filing fee.

If you have any questions, please contact me.

Very truly yours,

Thomas E. Nadeau

TEN:ja Enclosures

cc: David Hartman