


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L75106 1. Entity Name JOSEPH NUDELMAN INC.	
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Principal Place of Business 1351 SANGRASS CORP PKWY SUNRISE, FL 33323-2813	Mailing Address 1351 SANGRASS CORP PKWY SUNRISE, FL 33323-2813
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02162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0202679 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

NUDELMAN, JOSEPH  
 1351 SAWGRASS CORP PKWY  
 SUN RISE, FL 33323-2813

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NUDELMAN, JOSEPH 1351 SAWGRASS CORP PKWY SUNRISE, FL 33313
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 03/06/06-80035-005 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.

SIGNATURE: JOSEPH NUDELMAN 02/16/06 - 954-835-2212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #