

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 18, 2009  
Secretary of State**

DOCUMENT# M19813

Entity Name: NIR CORPORATION

**Current Principal Place of Business:**

% PETER C. CLEMENT  
3670 N.PARK RD.  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

% PETER C. CLEMENT  
3670 N.PARK RD.  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 59-2570149      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NIR, ARIE  
3670 N.PARK RD.  
HOLLYWOOD, FL 33021      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: NIR, SHOSHANA  
Address: 3670 N.PARK RD.  
City-St-Zip: HOLLYWOOD, FL 33021

Title: ST      ( ) Delete  
Name: NIR, ARIE  
Address: 3670 N PARK RD  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARIE NIR

ST

02/18/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date