

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000058094

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Entity Name:** NEXTEK SOLUTIONS OF TAMPA, INC.

**Current Principal Place of Business:**

26324 WESLEY CHAPEL BLVD.  
LUTZ, FL 33559 US

**New Principal Place of Business:**

6515 NORTH 50TH STREET  
TAMPA, FL 33610 US

**Current Mailing Address:**

26324 WESLEY CHAPEL BLVD.  
LUTZ, FL 33559 US

**New Mailing Address:**

6515 NORTH 50TH STREET  
TAMPA, FL 33610 US

FEI Number: 59-3652246

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KIN, EDWARD  
26324 WESLEY CHAPEL BLVD.  
LUTZ, FL 33559 US

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

KIN, EDWARD  
6515 NORTH 50TH STREET  
TAMPA, FL 33610 US

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

02/23/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KIN, BLAIR  
Address: 6515 NORTH 50TH STREET  
City-St-Zip: TAMPA, FL 33610

I hereby 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 all other like empowered.

SIGNATURE: BLAIR KIN

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

D

02/23/2012

\_\_\_\_\_  
Date