
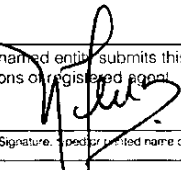
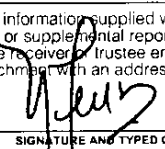


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90044 019 ***150.00

DOCUMENT # P06000114848			
1. Entity Name NF ENTERPRISES, INC.			
Principal Place of Business 2119 NW 13 STREET MIAMI, FL 33125		Mailing Address 2119 NW 13 STREET MIAMI, FL 33125	
2. Principal Place of Business - No P.O. Box # 15221 SW 80 ST Suite, Apt. #, etc. APT # 403		3. Mailing Address 15221 SW 80 ST Suite, Apt. #, etc. APT # 403	
City & State Miami, FL		City & State Miami, FL	
Zip 33193		Zip 33193	
Country		Country	
6. Name and Address of Current Registered Agent DIAZ, O J 2119 NW 13 STREET MIAMI, FL 33125		7. Name and Address of New Registered Agent Name NIEVES FERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 15221 SW 80 ST APT 403 City Miami FL Zip Code 33193	
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	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FERNANDEZ, NIEVES 2119 NW 13 STREET MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FERNANDEZ, NIEVES 15221 SW 80 ST #403 MIAMI, FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERNANDEZ, NIEVES 2119 NW 13 STREET MIAMI, FL 33125 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, 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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	