



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90018 024 ***150.00

DOCUMENT # P07000063319 1. Entity Name NAHMAD ACQUISITIONS, INC.					
Principal Place of Business 13611 DEERING BAY DRIVE APT. 502 CORAL GABLES, FL 33158 US			Mailing Address 13611 DEERING BAY DRIVE APT. 502 CORAL GABLES, FL 33158 US		
2. Principal Place of Business - No P.O. Box # 19900 E COUNTRY CLUB DRIVE Suite, Apt. #, etc. SUITE 1214		3. Mailing Address 19900 E COUNTRY CLUB DRIVE Suite, Apt. #, etc. SUITE 1214			
City & State AVENTURA FL		City & State AVENTURA FL		4. FEI Number 26-0255220	
Zip 33180		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAHMAD, ALBERT 13611 DEERING BAY DRIVE APT. 502 CORAL GABLES, FL 33158				7. Name and Address of New Registered Agent Name NAHMAD, ALBERT Street Address (P.O. Box Number is Not Acceptable) 19900 E COUNTRY CLUB DRIVE SUITE 1214 City AVENTURA FL Zip Code 33180	
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 <u><i>Albert Nahmad</i></u> ALBERT NAHMAD 3/10/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	PC NAHMAD, ALBERT 13611 DEERING BAY DRIVE, APT. 502 CORAL GABLES, FL 33158	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PICIT/CEO NAHMAD, ALBERT 19900 E COUNTRY CLUB DRIVE, SUITE 1214 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO NAHMAD, ALBERT 13611 DEERING BAY DRIVE, APT. 502 CORAL GABLES, FL 33158	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.					
SIGNATURE: <u><i>Albert Nahmad</i></u> ALBERT NAHMAD 3/10/2008 (786) 888-1326 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					