2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000135113

Entity Name: NELCO OF JAX CORP

JACKSONVILLE, FL 32257

City-St-Zip:

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9439 SAN JOSE BLVD APT # 48 JACKSONVILLE, FL 32257 **New Mailing Address: Current Mailing Address:** 9439 SAN JOSE BLVD APT # 48 JACKSONVILLE, FL 32257 FEI Number: 26-1638377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COPPOLA, NELLY 9439 SAN JOSE BLVD APT # 48 JACKSONVILLE, FL 32257 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 Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition COPPOLA, NELLY Name: Name: 9439 SAN JOSE BLVD APT # 48 Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition RIAL, ANDREA Name: Name: 9439 SAN JOSE BLVD APT # 48 Address: 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: NELLY COPPLA PRES 04/30/2008