2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000025955

FILED Apr 29, 2009 Secretary of State

Entity Nam	e: NMB PRO	FESSIONAL CENTER, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
1923 NE 16 NORTH MIA	4 STREET AMI BEACH, F	L 33162					
Current Mailing Address:				New Mailing Address:			
1923 NE 16 NORTH MIA	4 STREET AMI BEACH, F	L 33162					
FEI Number: 80-0227925		FEI Number Applied For () FEI		umber Not Applicable()		Certificate of Status Desired ()	
Name and A	Address of C	urrent Registered Agent:		Name and	Address of I	New Registe	red Agent:
COPPENS, 1923 NE 16 NORTH MIA		L 33162 US					
The above r in the State		ubmits this statement for the	purpose o	of changing i	ts registered o	office or regis	tered agent, or both,
SIGNATUR		O'markana af Dawiatana d A				D-1	
		c Signature of Registered Ag	gent			Date	Э
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
	COPPENS, MAR 1923 NE 164 ST			Title: Name: Address: City-St-Zip:	PVS (X COPPENS, MA 1923 NE 164 S NORTH MIAMI	STREET	

Title: () Delete Title: T () Change (X) Addition Name: BEKER, GALINA

Address: Address: 1923 NE 164 STREET
City-St-Zip: City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: MARINA COPPENS PRES 04/29/2009