


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State


DOCUMENT # P95000056847
 1. Entity Name
 NACOMA, INC.



Principal Place of Business
 MR. BERNARDO A. MARTINEZ
 160 MONTCLAIRE DR.
 WESTON, FL 33326

Mailing Address
 160 MONTCLAIRE DRIVE
 WESTON, FL 33326

DO NOT WRITE IN THIS SPACE



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0618028	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, LEOPOLDO
 160 MONTCLAIR DRIVE
 WESTON, FL 33326

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000743388
 05/15/07 20104 016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MARTINEZ, MARIA C 160 MONTCLAIRE DR. WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP MARTINEZ, BERNARDO E 160 MONTCLAIRE DR. WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T BARNARDO, MARTINEZ A 160 MONTCLAIRE DRIVE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MARTINEZ, LEOPOLDO 160 MONTCLAIRE DR. WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07 954.6043990
 Date Daytime Phone #