


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # P95000056847 1. Entity Name NACOMA, INC.	
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Principal Place of Business MR. BERNARDO A. MARTINEZ 160 MONTCLAIRE DR. WESTON, FL 33326	Mailing Address 160 MONTCLAIRE DRIVE WESTON, FL 33326
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03062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

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

000000857152
 03/31/08-80001-020 150.00

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	

DO NOT WRITE IN THIS SPACE

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:  _____ Date _____ Daytime Phone # **854.6043990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR