


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90020 020 \*\*\*158.75

DOCUMENT # P99000046059

1. Entity Name  
**NABE CORPORATION**



Principal Place of Business      Mailing Address

201 S. BISCAYNE BLVD, ~~1600 MIAMI CENTER~~  
 SUITE 1500 (LN)  
 MIAMI, FL 33131

201 S. BISCAYNE BLVD, ~~1600 MIAMI CENTER~~  
 SUITE 1500 (LN)  
 MIAMI, FL 33131



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**201 S. BISCAYNE BLVD.**      **201 S. BISCAYNE BLVD.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**SKITE 1500(LN)**      **SKITE 1500(LN)**

City & State      City & State

**MIAMI, FL**      **MIAMI, FL**

Zip      Country      Zip      Country

**33131**      **U.S.A.**      **33131**      **U.S.A.**

01092008      Chg-P      CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**NOSTRO, LOUIS**  
**728 CATALONA AVENUE**  
**CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTAYAN, BERG		NAME		
STREET ADDRESS	10205 COLLINS AVENUE #409		STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOUR, FL 331541427		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTAYAN, NADYA		NAME		
STREET ADDRESS	10205 COLLINS AVENUE #409		STREET ADDRESS		
CITY-ST-ZIP	BAL HARBOUR, FL 331541427		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **2/11/2008** DAYTIME PHONE #: **(305) 866 8729**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR