


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90223 043 ***150.00

DOCUMENT # P97000018087	
1. Entity Name LAW OFFICES OF IRINA NEMTSEV, P.A.	

Principal Place of Business 3868 SHERIDAN STREET HOLLYWOOD, FL 33021	Mailing Address 19800 NE 10 AVE MIAMI, FL 33179
--	---

2. Principal Place of Business 1920 E. Hallandale Beach Blvd Suite, Apt. #, etc. Suite 903 City & State Hallandale Beach, FL Zip 33009 Country USA	3. Mailing Address 2101 Atlantic Shores Blvd. Suite, Apt. #, etc. #205 City & State Hallandale Beach, FL Zip 33009 Country USA Broward County
---	--



04172006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0730580	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NEMTSEV, ESQ, IRINA 19800 NE 10TH AVENUE MIAMI, FL 33179	7. Name and Address of New Registered Agent Name IRINA NEMTSEV, ESQ. Street Address (P.O. Box Number is Not Acceptable) 2101 Atlantic Shores Blvd, #205 City Hallandale Beach FL Zip Code 33009
--	---

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 *Irina Nemtsev* **IRINA NEMTSEV** **04-18-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NEMTSEV, IRINA 19800 NE 10TH AVENUE MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NEMTSEV, IRINA 2101 Atlantic Shores Blvd, #205 Hallandale Beach, FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Irina Nemtsev* **Irina Nemtsev** **4-18-06 (305)933-0523**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #