

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90106 032 ***150.00

DOCUMENT # P97000018087 1. Entity Name LAW OFFICES OF IRINA NEMTSEV, P.A.																											
Principal Place of Business 1920 E HALLANDALE BEACH BLVD SUITE 903 HALLANDALE, FL 33009		Mailing Address 1920 E HALLANDALE BEACH BLVD SUITE 903 HALLANDALE, FL 33009																									
2. Principal Place of Business - No P.O. Box # 1920 E. Hallandale Beach Blvd. Suite, Apt. #, etc. Suite 608 City & State Hallandale, FL 3 Zip 33009 Country		3. Mailing Address 1920 E. Hallandale Beach Blvd. Suite, Apt. #, etc. Suite 608 City & State Hallandale, FL Zip 33009 Country																									
6. Name and Address of Current Registered Agent NEMTSEV, IRINA ESQ 2101 ATLANTIC SHORES BLVD #205 HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name IRINA NEMTSEV, ESQ. Street Address (P.O. Box Number is Not Acceptable) 1920 E. Hallandale Beach Blvd #608 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 <i>Irina Nemtsev</i> Irina Nemtsev Esq. DATE 02-02-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when first stating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">PSTD</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NEMTSEV, IRINA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2101 ATLANTIC SHORES BLVD., #205</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HALLANDALE, FL 33009</td> <td></td> </tr> </table>		TITLE	PSTD	<input checked="" type="checkbox"/> Delete	NAME	NEMTSEV, IRINA		STREET ADDRESS	2101 ATLANTIC SHORES BLVD., #205		CITY-ST-ZIP	HALLANDALE, FL 33009		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">PSTD</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>NEMTSEV, IRINA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1920 E. Hallandale Beach Blvd #608</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Hallandale, FL 33009</td> <td></td> </tr> </table>		TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NEMTSEV, IRINA		STREET ADDRESS	1920 E. Hallandale Beach Blvd #608		CITY-ST-ZIP	Hallandale, FL 33009	
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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: <i>Irina Nemtsev</i> Irina Nemtsev DATE 02-02-07 (954) 458-7185 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											

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02022007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0730580 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required