

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000055120

**Entity Name:** NOLEKSON, INC.

**Current Principal Place of Business:**

17501 BISCAYNE BLVD.  
SUITE #400  
AVENTURA, FL 33160

**Current Mailing Address:**

17501 BISCAYNE BLVD.  
SUITE #400  
AVENTURA, FL 33160

**FEI Number:** 99-0366782

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PACKER, BRIAN  
17501 BISCAYNE BLVD.  
SUITE #400  
AVENTURA, FL 33160 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name PACKER, BRIAN  
Address 17501 BISCAYNE BLVD. #400  
City-State-Zip: AVENTURA FL 33160

Title SECR  
Name PACKER, MARIELA  
Address 17501 BISCAYNE BLVD. #400  
City-State-Zip: AVENTURA FL 33160

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN PACKER

PD

02/19/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date