2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

1. Entity Name	MENT # 296059 NALL CO., INC.				1	04-21-2008 9	_		
Principal Place	e of Business	Mailing Address	1						
1050 EAST 9TH ST HIALEAH, FL 33010 US		1050 EAST 9TH STREET HIALEAH, FL 33010 US							
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01312008	Chg-P	CR2E03	34 (12/06)	
City & State		City & State			4. FEI Number 59-11047	710			oplied For of Applicable
Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Curren	t Registered Agent	1 T		7. Name and A	ddress of New R			
NAME OF THE PARTY				Name					
NALL, JAMES D. 1050 EAST 9TH STREET HIALEAH, FL 33010				Street Address (P.O. Box Number is Not Acceptable)					
								1	
				City			FL	Zip Code	
	named entity submits this statement to tions of registered agent.	for the purpose of changing its	registere	ed office or register	red agent, or both,	in the State of Flo	orida. I am fa	amiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	E: Registered	d Agent signature required	I when reinstating)		DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campai	i [i	cina \$ 5					
After Ma	ay 1, 2008 Fee will be \$550	`		☐ Add	.00 May Be led to Fees				
After Ma	ay 1, 2008 Fee will be \$550 OFFICERS ANI	Trust Fund Cont		☐ Add	ed to Fees	HANGES TO OFFI	ICERS AND	DIRECTORS	S IN 11
After Ma	officers and	Trust Fund Cont	11.	LJ Add	ed to Fees	HANGES TO OFFI	ICERS AND	DIRECTORS	S IN 11
After Ma	ay 1, 2008 Fee will be \$550 OFFICERS ANI	D DIRECTORS	11. TITLE	LJ Add	ed to Fees	HANGES TO OFF	ICERS AND		
After Ma 10. TITLE NAME	OFFICERS AND NALL, MARILYN	D DIRECTORS	11. TITLE NAME	Add	ed to Fees	HANGES TO OFFI	ICERS AND		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS ANI T NALL, MARILYN 1050 E. 9TH ST. HIALEAH, FL	D DIRECTORS	11. TITLE NAME STREE CITY-	E ET ADDRESS -ST-ZIP	ed to Fees	HANGES TO OFFI	ICERS AND		
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Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 there like expowered.

SIGNATURE:

- COVING LAND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECT

1/17/08 305-844-836

JAMES D. NALL