

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90246 022 ***150.00

DOCUMENT # F03000001003

1. Entity Name
NLC OF FL, INC.



Principal Place of Business
7211 REGENCY SQUARE BLVD., STE. 100
HOUSTON, TX 77036

Mailing Address
7211 REGENCY SQUARE BLVD., STE. 100
HOUSTON, TX 77036

94061829



2. Principal Place of Business
3673 Westcenter Drive
Suite, Apt. #, etc.

3. Mailing Address
3673 Westcenter Drive
Suite, Apt. #, etc.

04152004 Chg-P. CR2E034 (10/03)

City & State
Houston, TX
Zip
77042
Country
Harri's

City & State
Houston, TX
Zip
77042
Country
Harri's

4. FEI Number
22-3719431
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NGUYEN, TRAM
3930 S. ROOSEVELT
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name **ROCKY NARAIN**
Street Address (P.O. Box Number is Not Acceptable)
6365 NW 6 Way, Suite 160
City **Fort lauderdale** FL Zip Code **33309**

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 **Rocky Narain**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/22/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	NGUYEN, HAO	
STREET ADDRESS	11703 GALLANT RIDGE LANE	
CITY-ST-ZIP	HOUSTON, TX 77036	
TITLE	VCP	<input type="checkbox"/> Delete
NAME	LE, KATHERINE	
STREET ADDRESS	11703 GALLANT RIDGE LANE	
CITY-ST-ZIP	HOUSTON, TX 77036	
TITLE	S	<input type="checkbox"/> Delete
NAME	LE, KATHERINE	
STREET ADDRESS	11703 GALLANT RIDGE LANE	
CITY-ST-ZIP	HOUSTON, TX 77036	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Hao Nguyen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04
Date

832-794-2100
Daytime Phone #