

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # F55436

1. Entity Name
NILAK ASSOCIATES, INC.



Principal Place of Business
19707 TURNBERRY WAY #18A
AVENTURA, FL 33180 US

Mailing Address
19707 TURNBERRY WAY
18A
AVENTURA, FL 33180 US



04272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2141890

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KALIN, MORTON
19707 TURNBERRY WAY #18A
AVENTURA, FL 33780

DO NOT WRITE
IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

05/30/08-80028-013 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KALIN, MORTON
STREET ADDRESS 19707 TURNBERRY WAY 18A
CITY-ST-ZIP AVENTURA, FL 33180

TITLE D
NAME KALIN, SYLVIA
STREET ADDRESS 19707 TURNBERRY WAY #18A
CITY-ST-ZIP AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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:

Morton Kalin Morton Kalin Pres.

4/25/08 305-936-1890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #