## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # F97000006346**

NSW DEVELOPMENT CORP.



**FILED** Feb 28, 2007 08:00 AM Secretary of State

Principal Place of Business

75 NE 6TH AVENUE

STE 103

DELRAY BEACH, FL 33483

Mailing Address

75 NE 6TH AVENUE

STE 103

DELRAY BEACH, FL 33483



	DO	NOT	<b>WRITE</b>	IN	THIS	SPA	CE
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CR2E034 (11/05) 02202007 No Chg-P

Applied For 4. FEI Number 11-2599256 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 

Fee Required

6. Name and Address of Current Registered Agent

WEINSTEIN, NORMAN S 75 NE 6TH AVENUE **STE 103** DELRAY BEACH, FL 33483

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept				
SIGNATURE									
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WEINSTEIN, NORMAN S 75 NE 6TH AVENUE #103 DELRAY BEACH, FL 33483				V00000650800				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WEINSTEIN, SUSAN 75 NE 6TH AVENUE #103 DELRAY BEACH, FL 33483				00000650800 03/09/07-80028-005 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE						
TITLE NAME STREET ADDRESS									

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 true 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NOT THE SIGNA FURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR