

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # G43453 1. Entity Name NISSI, INC.	
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Principal Place of Business 43309 US HWY 19 N TARPON SPRINGS, FL 34689 US	Mailing Address PO BOX 1608 TARPON SPRINGS, FL 34688-1608 US
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01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2299899	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FRIEDLAND, LEW 43309 US HWY 19 N TARPON SPRINGS, FL 34689
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

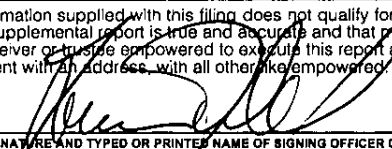
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRIEDLAND, LEW 43309 US HWY 19 N TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIONE, JOHN 43309 US HWY 19 NO TARPON SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FORD, DAVID 43309 US HWY 19 N TARPON SPRINGS, FL
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01/28/08-80025-022-150.00

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 duly empowered.

SIGNATURE:  **LEN FRIEDLAND** 4/9/08 727 842 2541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #