

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90165 047 ***150.00

DOCUMENT # G49869

1. Entity Name
NATIONAL PENSION PLANNING SERVICES, INC.



Principal Place of Business Mailing Address
9501 SW 61 CT 9501 SW 61 CT
MIAMI, FL 33156 US MIAMI, FL 33156 US

50024757



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

01142005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number 59-2361014 Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIVER, ROBERT M., III
9501 SW 61ST CT
MIAMI, FL 33156

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DEP	<input type="checkbox"/> Delete
NAME	OLIVER, ROBERT M., III	
STREET ADDRESS	9501 SW 61 CT	
CITY-ST-ZIP	MIAMI, FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	OLIVER, HEIDE N.	
STREET ADDRESS	9501 SW 61 CT	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BLANCO, PLACIDO	
STREET ADDRESS	201 ALHAMBRA CIR STE 510	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SUAREZ, CARLOS	
STREET ADDRESS	201 ALHAMBRA CIR., #510	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RUBIN, MITCHELL	
STREET ADDRESS	201 ALHAMBRA CIR., #510	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: Robert M. Oliver 2/2/05 305 4446608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #