


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90029 033 ***158.75

DOCUMENT # J11190 1. Entity Name NLA HOLDING CORP.					
Principal Place of Business 9748 SW 108 TERRACE MIAMI, FL 33176 US			Mailing Address 9748 SW 108 TERRACE MIAMI, FL 33176 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2672540	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROSENBERG, DONALD S. ONE S.E. THIRD AVE. SUITE 3050 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CHASE, CLARENCE G 9748 SW 108 TERRACE MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPA Whelpley, David 9748 SW 108 Terrace Miami, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPA WHELPLEY, DAVID 900 PORT BLVD MIAMI, FL 33132		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPA Whelpley, David 9748 SW 108 Terrace Miami, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPA WHELPLEY, DAVID 900 PORT BLVD MIAMI, FL 33132		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPA WHELPLEY, DAVID 900 PORT BLVD MIAMI, FL 33132	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPA WHELPLEY, DAVID 900 PORT BLVD MIAMI, FL 33132		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPA WHELPLEY, DAVID 900 PORT BLVD MIAMI, FL 33132	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-15-08 <small>Date</small>		
305-381-6886 <small>Daytime Phone #</small>					