

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # K21543

1. Entity Name
NWD VENTURES CORPORATION



Principal Place of Business
**P.O. BOX 15869
MIAMI, FL 33101-2869 US**

Mailing Address
**P.O. BOX 15869
MIAMI, FL 33101-2869 US**



01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0045411

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RODGERS, COREEN
1638 NW 10 AVE
MIAMI, FL 33136**

**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 *Coreen Rodgers*
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **PULIAFITO, CARMEN DR**
STREET ADDRESS **1638 NW 10TH AVE**
CITY-ST-ZIP **MIAMI, FL 33136**

TITLE **VP**
NAME **PARRISH, RICHARD K DR**
STREET ADDRESS **1638 NW 10TH AVE**
CITY-ST-ZIP **MIAMI, FL 33136**

TITLE **T**
NAME **ALFONSO, EDUARDO**
STREET ADDRESS **1638 NW 10TH AVE.**
CITY-ST-ZIP **MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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03/30/06-80002-021 150.00

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 like empowered.

SIGNATURE: *Coreen Rodgers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #