

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90403 020 ***158.75

DOCUMENT # K43716

1. Entity Name
N.L. FIVE, INC.



Principal Place of Business
% NORMAN LOWENSTEIN
7126 MELROSE CASTLE LANE
BOCA RATON, FL 33496-8424

Mailing Address
% NORMAN LOWENSTEIN
7126 MELROSE CASTLE LANE
BOCA RATON, FL 33496-8424

50012357



2. Principal Place of Business
c/o Butzel Long

3. Mailing Address
c/o Butzel Long

Suite, Apt. #, etc.
1200 N. Federal Hwy., #420

Suite, Apt. #, etc.
1200 N. Federal Hwy., #420

04042006 Chg-P CR2E034 (11/05)

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number
22-2764225

Applied For
Not Applicable

Zip Country
33432 USA

Zip Country
33432 USA

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

LOWENSTEIN, ROBERTA
7126 MELROSE CASTLE LANE
BOCA RATON, FL 33496

Name
John J. Raymond, Jr., c/o Butzel Long
Street Address (P.O. Box Number is Not Acceptable)
1200 N. Federal Hwy.
Suite 420
City Boca Raton FL Zip Code 33432

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 *John J. Raymond, Jr.*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/4/06
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DSDP
NAME LOWENSTEIN, ROBERTA
STREET ADDRESS 7126 MELROSE CASTLE LANE
CITY-ST-ZIP BOCA RATON, FL

TITLE DSDP
NAME Lowenstein, Roberta
STREET ADDRESS P.O. Box 12374, 926 N. Francis Street
CITY-ST-ZIP Aspen, CO 81612

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Roberta Lowenstein*
Signature and typed or printed name of signing officer or director

4/11/06 970-274-6934
Date Daytime Phone #