

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # L59069**

1. Entity Name  
**NELSON INTERNATIONAL INDUSTRIES, INC.**



Principal Place of Business  
**470 SE 12TH PL  
VERO BEACH, FL 32962**

Mailing Address  
**470 SE 12TH PL  
VERO BEACH, FL 32962**

**FILED**  
**2006 SEP 18 PM 3:22**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



09132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0214548**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NELSON, LILLIAN  
470 SE 12TH PL  
VERO BEACH, FL 32962**

**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

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 15, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**200080041557**  
**09/21/06--01056--003 \*\*550.00**

**10. OFFICERS AND DIRECTORS**

TITLE	CDT
NAME	TORKAMAN, LILLIAN N
STREET ADDRESS	470 SE 12TH PLACE
CITY-ST-ZIP	VERO BEACH, FL
TITLE	PD
NAME	TORKAMAN, GHOLAMREZA
STREET ADDRESS	470 SE 12TH PL
CITY-ST-ZIP	VERO BEACH, 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**

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:**

*Lillian Nelson Torkaman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/13/06*  
Date

*(772) 581-1020*  
Daytime Phone #