


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90106 005 \*\*\*163.75

DOCUMENT # L59069 1. Entity Name NELSON INTERNATIONAL INDUSTRIES, INC.	
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Principal Place of Business 470 SE 12TH PL VERO BEACH, FL 32962	Mailing Address 470 SE 12TH PL VERO BEACH, FL 32962
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40079722



2. Principal Place of Business - No P.O. Box # 809 Robin Lane	3. Mailing Address 809 Robin Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01222008 Chg-P CR2E034 (12/06)

City & State Sebastian FL	City & State Sebastian FL
Zip 32958	Country INDIAN RIVER
Zip 32958	Country INDIAN RIVER

4. FEI Number 65-0214548	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NELSON, LILLIAN 470 SE 12TH PL VERO BEACH, FL 32962	7. Name and Address of New Registered Agent Name Lillian Nelson Street Address (P.O. Box Number is Not Acceptable) 809 Robin Lane City Sebastian FL Zip Code 32958
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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: Lillian Nelson Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent Signature required when reinstating)	DATE 4/18/2008
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDT TORKAMAN, LILLIAN N 470 SE 12TH PLACE VERO BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORKAMAN, GHOLAMREZA 470 SE 12TH PL VERO BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 COT LILLIAN NELSON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 4/18/2008 Date Daytime Phone #