

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90044 048 ****50.00

DOCUMENT # M00000000218

1. Entity Name

NEXTTEC INTERNATIONAL, INC.



Principal Place of Business

9000 WEST SHERIDAN STREET, SUITE 140
PEMBROKE PINES FL 33024

Mailing Address

9000 WEST SHERIDAN STREET, SUITE 140
PEMBROKE PINES FL 33024

24053967



MOORE

CR2E083 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3270400

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRAPLUK, MICHAEL
1872 WATER RIDGE DRIVE
WESTON FL 33326

Name

Street Address (P.O. Box Number is Not Acceptable)

4055 SANDERLING LANE

City

WESTON

FL

Zip Code

33331

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE PSTD ☐ Delete
NAME ANDERSON, WILLIAM
STREET ADDRESS 114 MALCOLM ROAD
CITY-ST-ZIP MAHWAH NJ 07430

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME DRAPLUK, MICHAEL
STREET ADDRESS 1872 WATER RIDGE DRIVE
CITY-ST-ZIP WESTON FL 33326

TITLE ☒ Change ☐ Addition
NAME **DRAPLUK, MICHAEL**
STREET ADDRESS **4055 SANDERLING LANE**
CITY-ST-ZIP **WESTON FL 33**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/21/04 (954) 441-3114