

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90086 011 \*\*\*\*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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/04)

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  
4055 SANDERLING LANE  
WESTON FL 33331

Name

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

City

FL

Zip Code

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, 2005**

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 PSTD ☒ Change ☐ Addition  
NAME ANDERSON William  
STREET ADDRESS 7301 SHELL RIDGE TERRACE  
CITY- ST- ZIP LAKE WORTH, 33467

TITLE DV ☐ Delete  
NAME DRAPLUK, MICHAEL  
STREET ADDRESS 4055 SANDERLING LANE  
CITY- ST- ZIP WESTON FL 33

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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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 #

*Mania Grande* MANIA GRANDE CFO 7/19/05 (954) 441-3114