


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90058 022 ***150.00

DOCUMENT # M59526

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



Principal Place of Business: **1717 N BAYSHORE DR., SUITE 2955 MIAMI FL 33132**

Mailing Address: **PO BOX 2202 MIAMI BEACH FL 33140**

50009628



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: **9295 NE 12th AVE.**

3. Mailing Address: Suite, Apt. #, etc.

City & State: **MIAMI SHORES, FL.**

City & State: Suite, Apt. #, etc.

Zip: **33138** Country: _____

Zip: _____ Country: _____

4. FEI Number: **65-0020197**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

LUIS, B.R.
~~1717 N BAYSHORE DR, STE 2955 MIAMI FL 33132~~

7. Name and Address of New Registered Agent

Name: **LUIS, B.R.**

Street Address (P.O. Box Number is Not Acceptable): **9295 NE 12th AVENUE**

City: **MIAMI SHORES FL** Zip Code: **33138**

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PVS	<input type="checkbox"/> Delete
NAME	LUIS, B.R.	
STREET ADDRESS	1717 N. BAYSHORE DR STE 2955	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LUIS, B.R.	
STREET ADDRESS	1717 N. BAYSHORE DR STE 2955	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: **B. R. Luis** **B.R. Luis** **1/25/05** **305 542-6946**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #