

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90013 027 ***150.00



DOCUMENT # M59526
 1. Entity Name
N.E.L., INC.

Principal Place of Business: **9295 NE 12TH AVE MIAMI FL 33138**
 Mailing Address: **PO BOX 2202 MIAMI BEACH FL 33140**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State: _____
 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.
9295 NE 12TH AVENUE
MIAMI SHORES FL 33138

7. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating)
 DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 NAME: LUIS, B.R. STREET ADDRESS: 1717 N. BAYSHORE DR STE 2955 CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> Delete
TITLE: TD NAME: LUIS, B.R. STREET ADDRESS: 1717 N. BAYSHORE DR STE 2955 CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PVS NAME: LUIS, B.R. STREET ADDRESS: 9295 NE 12TH AVE. CITY-ST-ZIP: MIAMI SHORES, FL. 33138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: LUIS, B.R. STREET ADDRESS: 9295 NE 12TH AVE. CITY-ST-ZIP: MIAMI SHORES, FL. 33138	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: B. Luis President 2/1/06 305 542-6946
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #