


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90030 049 ***150.00

| | | |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # M73151 | |  |
| 1. Entity Name NAK REALTY AND MANAGEMENT, INC. | | |
| Principal Place of Business 7904 CORAL POINTE DR DELRAY BEACH, FL 33446 US | Mailing Address 801 NE 167 STR STE 307 NO MIAMI BCH, FL 33162 US | |



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number 65-0037645 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--------------------------------------------------------------------------------|------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent | |
| ANGEL, STANLEY E 804 N.E. 167TH ST. SUITE 307 N MIAMI BEACH, FL 33462 | NORMAN KAUFMAN 7904 CORAL POINTE DR. DELRAY BEACH FL 33446 |

**DO NOT WRITE
IN THIS SPACE**

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 NORMAN KAUFMAN *Norman Kaufman* MAR 25 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|--------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST KAUFMAN, NORMAN A. 801 N.E. 167 ST. N MIAMI BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KAUFMAN, NORMAN A. 801 N.E. 167 ST. N MIAMI BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: *Norman Kaufman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 25 2008

661 637 3479

Date Daytime Phone #