

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006150

FILED
May 01, 2009
Secretary of State

Entity Name: NIA GROUP, INC.

Current Principal Place of Business:

6041 KIMBERLY BLVD.
SUITE J
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

6041 KIMBERLY BLVD.
SUITE J
NORTH LAUDERDALE, FL 33068

New Mailing Address:

FEI Number: 65-0712638 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WARE, VINCENT P
4910 NW 16TH ST.
LAUDERHILL, FL 33313 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WARE, VINCENT
Address: 4910 NW 16TH ST.
City-St-Zip: LAUDERHILL, FL 33313

Title: D () Delete
Name: MELENDEZ, MARISA
Address: 10995 NW 26TH PLACE
City-St-Zip: SUNRISE, FL 33322

Title: S () Delete
Name: ROLLE, ANGELA
Address: 190 NE 213 ST.
City-St-Zip: MIAMI, FL 33179

Title: O () Delete
Name: RANGE, RONALD S
Address: 10995 NW 26TH PLCEE
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCENT WARE

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date