

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000029532

1. Entity Name
NMK WOODWORKING, INC.



Principal Place of Business
**1111 NE 18 AVE.
FT. LAUDERDALE, FL 33304**

Mailing Address
**1111 NE 18 AVE.
FT. LAUDERDALE, FL 33304**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0998092

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KEIM, NORBERT
1111 NE 18 AVE.
FT. LAUDERDALE, FL 33304**

**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 _____

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 PT
NAME KEIM, NORBERT M
STREET ADDRESS 1111 NE 18 AVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE
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01/11/08-80043-016 150.00

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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:

Norbert M. Keim

NORBERT M. KEIM

8 Jan 08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #