

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000046015

Entity Name: NBPSS, INC.

FILED  
Feb 11, 2006  
Secretary of State

## Current Principal Place of Business:

465 OCEAN DR  
#709  
MIAMI BEACH, FL 33139

## Current Mailing Address:

465 OCEAN DR  
#709  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

5555 COLLINS AV  
# 15 G  
MIAMI BEACH, FL 33140

## New Mailing Address:

5555 COLLINS AV  
#15 G  
MIAMI BEACH, FL 33140

FEI Number: 65-1006965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PERINOVIC, GEORGE  
465 OCEAN DR  
#709  
MIAMI BEACH, FL 33139 US

## Name and Address of New Registered Agent:

BOSKOVSKI, NIKOLA  
5555 COLLINS AV  
#15 G  
MIAMI BEACH, FL 33140 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: NIKOLA BOSKOVSKI

02/11/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PERINOVIC, GEORGE  
Address: 465 OCEAN DR  
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BOSKOVSKI, NIKOLA PRESIDE  
Address: 5555 COLLINS AV. # 15 G  
City-St-Zip: MIAMI BEACH, FL 33140

Title: T ( ) Change (X) Addition  
Name: PERINOVIC, GEORGE TREASUR  
Address: 465 OCEAN DR. # 709  
City-St-Zip: MIAMI BEACH, FL 33139

Title: S ( ) Change (X) Addition  
Name: PERINOVIC, JOSEPH SECRETA  
Address: 465 OCEAN DR. # 709  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NIKOLA BOSKOVSKI

P

02/11/2006

Electronic Signature of Signing Officer or Director

Date