


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90028 029 \*\*\*150.00

<b>DOCUMENT # P00000102204</b>	
1. Entity Name N.T. HOLDINGS 2000, INC.	

Principal Place of Business 8640 SEMINOLE BLVD SEMINOLE, FL 33772	Mailing Address 98 CORDOBA COURT MISSISSAUGA ONTARIO, CN L5R1G-5
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**66004734**



2. Principal Place of Business - No P.O. Box # 19610 Gulf Blvd.	3. Mailing Address
Suite, Apt. #, etc. # 306	Suite, Apt. #, etc.
City & State Indian Shore, Florida	City & State
Zip 33785	Country USA
Zip 33785	Country

03132008 Chg-P CR2E034 (12/06)

4. FEI Number 58-2603131	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOFSTRA, PETER T 8640 SEMINOLE BLVD SEMINOLE, FL 33772	7. Name and Address of New Registered Agent Name Nick Vescio Street Address (P.O. Box Number is Not Acceptable) #306-19610 Gulf Blvd. City Indian Shore FL Zip Code 33785
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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 \_\_\_\_\_ DATE **March 12, 2008**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VESCIO, NICK 98 CORDOBA CT MISSISSAUGA ONTARIO L5R 1G5, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Nick Vescio **March 12, 2008** **727-593-5509**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #