

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # P01000032605

1. Entity Name
NSI INSURANCE GROUP, INC.



Principal Place of Business
**8181 NW 154TH ST, #230
MIAMI LAKES, FL 33016**

Mailing Address
**8181 NW 154TH ST, #230
MIAMI LAKES, FL 33016-5882**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1132268

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SEIKALY, OSCAR F
8181 NW 154TH ST, #230
MIAMI LAKES, FL 33016-5882**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NENEZIAN, GEORGE J
STREET ADDRESS 8181 NW 154TH ST, SUITE 230
CITY - ST - ZIP MIAMI LAKES, FL 330165882

TITLE VD
NAME SEIKALY, OSCAR F
STREET ADDRESS 8181 NW 154TH ST, SUITE 230
CITY - ST - ZIP MIAMI LAKES, FL 330165882

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01/12/07-80062-017 150.00

**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 lines empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-07 305 556-1488
Date Daytime Phone #