2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084305

City-St-Zip:

HIALEAH GARDENS, FL 33018

Entity Name: NATIONAL ENTERPRISE SERVICES, CORP.

FILED Apr 29, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of	of Business:	
	127TH STREE GARDENS, FL				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
9708 NW HIALEAH	127TH STREE GARDENS, FL	T 33018			
FEI Number	: 65-1129354	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
9708 NW	DO, OTNIEL 127TH STREE GARDENS, FL				
The above in the State	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	FIGUEREDO, O 9708 NW 127TI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FIGUEREDO, É 9708 NW 127 S		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	SEC () FIGUEREDO, S		Title: Name: Address:	() Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: OTNIEL FIGUEREDO PRES 04/29/2007