

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000100565

1. Entity Name  
NATIONAL SHOPPING NETWORK, INC.



Principal Place of Business  
1065 E. 14 STREET  
HIALEAH, FL 33010

Mailing Address  
1065 E. 14 STREET  
HIALEAH, FL 33010

**FILED**  
**Jul 15, 2008 08:00 AM**  
**Secretary of State**



07092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 74-3019220	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

DIAZ, FELIX M JR  
45 N.W. 8 STREET  
SUITE 103  
HOMESTEAD, FL 33030

**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)

000000954988

07/15/08-80005-009 158.75

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRADO, JOSE C 2920 N.W. 7 STREET MIAMI, FL 33125
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRADO, JOSE C JR. 2920 N.W. 7 STREET MIAMI, FL 33125
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA-PRADO, JUDITH 2920 N.W. 7 STREET MIAMI, FL 33125
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/05/08

(305) 431-7431