2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000106833

1. Entity Name

NDS FLORIDA SERVICE CORP.

Principal Place of Business	Mailing Address
165 SOUTHWEST 63RD AVENUE MIAMI, FL 33144	165 SOUTHWEST 63RD AVENUE MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

02282008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-1149750		Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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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 _____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000853084 —03/26/08-80055-013.150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DE LA FUENTE, EVELIO
STREET ADDRESS	165 SOUTHWEST 63RD AVENUE
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	VPSD
NAME	SUAREZ, NANCY
STREET ADDRESS	165 SOUTHWEST 63RD AVENUE
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X _____   02/28/08   305-261-8023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #