

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 03, 2006 8:00 am**  
**Secretary of State**

08-03-2006 90004 010 \*\*\*150.00

DOCUMENT # **P01000107294**  
1. Entity Name **NF TRANSPORT, INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business **2400 NW 54th ST**  
Suite, Apt. #, etc.

3. Mailing Address **2400 NW 54th ST**  
Suite, Apt. #, etc.

**50024135**

CR2E034B (8/05)

City & State **Tamavac, FL**  
Zip **33309** Country

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Zip **33309** Country **F**

4. FEI Number **65-1152891**

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

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

Name **SPIEGEL & UTRERA, P.A.**

Street Address (P.O. Box Number is Not Acceptable) **1840 CORAL WAY 4TH FLOOR**

**MIAMI, FL 33145**

City **MIAMI** FL Zip Code **33145**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended AR is \$61.25**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE **PRESIDENT**  
NAME **NICOLAE FACEA**  
STREET ADDRESS **2400 NW 54th ST**  
CITY-ST-ZIP **TAMAVAC, FL 33309**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# ATTACHMENT

50024135  
#P01000107294

I was not aware that you did not  
Recive this payment  
I have a copy of the check -  
The check was mailed ~~on~~ out on April 25, 2006

Thank you,

Track Your Expenses...			TAX DEDUCTIBLE ITEM <input type="checkbox"/>	
<input type="checkbox"/> Mortgage / Rent	<input type="checkbox"/> Transportation	<input type="checkbox"/> Entertainment & Travel	DO NOT USE FOR REORDERING <b>1064</b>	
<input type="checkbox"/> Gas / Electric	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Medical / Dental		
<input type="checkbox"/> Telephone	<input type="checkbox"/> Taxes	<input type="checkbox"/> Dependent Care	BAL. FOR'D THIS PAYMENT <b>150.<sup>00</sup></b> BALANCE OTHER BAL. FOR'D	
<input type="checkbox"/> Food	<input type="checkbox"/> Insurance (Life, Home, Auto)	<input type="checkbox"/> Savings & Investment		
<input type="checkbox"/> Clothing	<input type="checkbox"/> Home Improvement (Maintenance, Repairs)	<input type="checkbox"/> Other		

Florida Department of State  
one hundred fifty and 00/100

04-25-06

Memo P01000107294

2670843312 129129362210 1064 NOT NEGOTIABLE

WD BUP (3)