

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2005 8:00 am
Secretary of State

04-27-2005 90284 002 ***150.00

DOCUMENT # 1. Entity Name PO1000117640			
Principal Place of Business NITG INTERNATIONAL CORP. 12066 NAPOLI LANE BOYNTON BEACH, FL 33437		Mailing Address SAME AS ABOVE	
2. Principal Place of Business 12066 NAPOLI LANE Suite, Apt. #, etc.		3. Mailing Address SAME AS TWO (20) Suite, Apt. #, etc.	
City & State BOYNTON BEACH, FL 33437		City & State SAME AS TWO (20)	
Zip 33437		Country USA	
4. FEI Number 03-0404377		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NATHAN GOLDMAN 12066 NAPOLI LANE BOYNTON BEACH, FL 33437		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NATHAN GOLDMAN <input type="checkbox"/> Delete NAME 12066 NAPOLI LANE STREET ADDRESS BOYNTON BEACH, FL 33437 CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VP MIKEVA <input type="checkbox"/> Delete NAME 12066 NAPOLI LANE STREET ADDRESS BOYNTON BEACH, FL 33437 CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>GOLDMAN Nathan</u>			