

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000120642



1. Entity Name
 N-E-R CONSULTING, INC.

Principal Place of Business
 3850 POINCIANA AVENUE
 MIAMI, FL 33133 US

Mailing Address
 C/O K.M. LANCASTER, CPA
 50 WEST MASHTA DRIVE #6
 KEY BISCAWAYNE, FL 33149 US



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **80-0021334** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LANCASTER, KENNETH M CPA
 50 WEST MASHTA DRIVE
 SUITE 6
 KEY BISCAWAYNE, FL 33149

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)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ROBBA, EMILIO 3850 POINCIANA AVENUE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT ROBBA, NICOLE 3850 POINCIANA AVENUE MIAMI, FL 33133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000690483
 04/11/07-80077-029 150.00

U00000690483
 04/11/07-80077-030 8.75

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 file empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-19-07
 Date Daytime Phone #