

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

2 0 0 6

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90370 050 ***158.75

DOCUMENT # P 02000003373

1. Entity Name

NERO HOLDING, INC



DO NOT WRITE IN THIS SPACE

60024025

CR2E034B (8/05)

2. Principal Place of Business
7865 N.W. 66 Street

3. Mailing Address
6317 S.W. 11 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
27 - 0032135

Applied For
Not Applicable

Zip 33166 Country Miami-Dade

Zip 33144 Country Miami-Dade

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 Nestor Gomez

Street Address (P.O. Box Number is Not Acceptable)

7865 N.W. 66 Street

City Miami; Florida FL

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

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 NAME STREET ADDRESS CITY-ST-ZIP | P/S/D Nestor Gomez 7865 N.W. 66 Street Miami, Florida 33166 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/T/D Rolando Dominguez 7620 S.W. 133 Court Miami, Florida 33183 | TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Rolando Dominguez

3-17-06

305 588-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #