

**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**

**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**

**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**

**State Code**

**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**

**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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P/S/D Nestor Gomez 7865 N.W. 66 Street Miami, Florida 33166	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	V/T/D Rolando Dominguez 7620 S.W. 133 Court Miami, Florida 33183	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-17-06 305 588-2121

Daytime Phone #