2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2008 8:00 am Secretary of State

04-10-2008 90024 001 ***150 00

Periodicial Place of Business	1. Entity Nam	MENT # P02000013 NE SPECIALTIES, INC.	3216				04-10-2008	90024 0	01 ****130	J.00
PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL	Principal Place	e of Business	Mailing Address			1				
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City & State	2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04072008	Chg-P	CR2E0	34 (12/06)		
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Sircert Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City City FL Zip Code City City City City FL Zip Code City Cit		6. Name and Address of Current	t Registered Agent		Name	7. Name and A	ddress of New F	Registered .	Agent	
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E. 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 hamiliar with, and accept the obligations of registered agent. SIGNATURE					Street Address (P.O. Box Number	is Not Acceptable	e)		
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am namiliar with, and accept the obligations of registered agent. Significant, treed or similar Agent surples deem of registered agent und the inapplication. FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE NAME WILLIAMS, WINSTON L 3730 NW 19TH ST. CITY-ST-2P TITLE VINCE STEET ADDRESS CITY-ST-2P PEMBROKE PINES, FL 33024 TITLE ST OBERE ADDRESS CITY-ST-2P TITLE ST OBERS STREET ADDRESS CITY-ST-2P TITLE ST OBERS ADDRE		(21 11/20, 12 0002)								
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SIGNATURE Signature, reposite or printed fairer of registered appril soft tile / Registered Augent signature required in thrim mornisaring) DATE	the obligat		or the purpose of changing its	s registere	ed office or register	red agent, or both,	, in the State of Fl	orida. ∣am	familiar with,	and accept
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P WILLIAMS, WINSTON L Delete MME	:	Signature, typed or printed hame of registered agen	tt and title if applicable. (NO	IF: Registered	i Anent signature reguirer	i when remetation)		DATE		
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther certify that the information indicated as this coord or supplied enter the end accounts and that my signal was shall have the same lengt effect as it made under path; that I am an officer or director.	After M: 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550. OFFICERS AND P WILLIAMS, WINSTON L 8730 NW 19TH ST. PEMBROKE PINES, FL 33024 V WILLIAMS, JOYCE M 8730 NW 19TH ST. PEMBROKE PINES, FL 33024 ST WILLIAMS, DESRENE O 8730 NW 19TH ST.	9. Election Campa Trust Fund Con D DIRECTORS Delete Delete Delete Delete	aign Finan Itribution. 11. Title MAME STREE CITY- TITLE NAME STREE	E ET ADDRESS SI-ZIP E ET ADDRESS E ET ADDRESS E ET ADDRESS E ET ADDRESS SI-ZIP	.00 May Be led to Fees	HANGES TO OFF		Change Change Change	Addition Addition Addition Addition Addition

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 axis himself with an address, with all other like empowered.

SIGNATURE

EARD TYPED OR PRINTED PAINE OF SIGNING OFFICER OR DIRECTOR DIRECTOR DAIL Date Date Dayline Phone &