## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

MATURE AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 21, 2007 8:00 am Secretary of State DOCUMENT # P02000022593 03-21-2007 90029 030 \*\*\*150.00 NADIV IMPORT & EXPORT CORP. Principal Place of Business Mailing Address 60025945 13280 SW 131 ST 13280 SW 131 ST SUITE # 115 SUITE # 115 MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172007 Chq-P CR2E034 (12/06) Applied For City & State City & State 4. FELNumber 33-0999698 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABRAMSON, EDWARD J ESQ. Street Address (P.O. Box Number is Not Acceptable) 7270 NW 12TH STREET 580 MIAMI, FL 33126 City Zip Code FI 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD ☐ Change ☐ Addition TITLE Delete TITLE LEMES OTERO, NESTOR A NAME NAME STREET ADDRESS 13280 SW 131 ST. SUITE # 115 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not adulty for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue 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 employeed 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 a trust the employeed.

FILED

Date

Daytime Phone #