
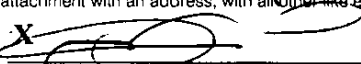


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90016 014 ***150.00

DOCUMENT # P02000121371					
1. Entity Name NAS GROUP CORP.					
Principal Place of Business 19201 COLLINS AVE 536 AVENTURA, FL 33160 US			Mailing Address 19201 COLLINS AVE 536 AVENTURA, FL 33160 US		
2. Principal Place of Business - No P.O. Box # 18683 COLLINS AVENUE		3. Mailing Address 18683 COLLINS AVENUE			
Suite, Apt. #, etc. 2203		Suite, Apt. #, etc. 2203			
City & State SUNNY ISLE, FL		City & State SUNNY ISLE, FL		4. FEI Number 22-3883119	
Zip 33160		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NASIELSKY, MAURICIO 14201 COLLINS AVE #536 AVENTURA, FL 33160			7. Name and Address of New Registered Agent Name MAURICIO F. NASIELSKY Street Address (P.O. Box Number is Not Acceptable) 18683 COLLINS AVENUE APT. #2203 City SUNNY ISLE, FL FL Zip Code 33166		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NASIELSKY, MAURICIO F 19201 COLLINS AVE #536 AVENTURA, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NASIELSKY, MAURICIO F. 18683 COLLINS AVENUE #2203, SUNNY ISLE, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RINEK, FRIDA 19201 COLLINS AVE #536 AVENTURA, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition RINEK, FRIDA 18683 COLLINS AVE. #2203, SUNNY ISLE, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NASIELSKY, FABIAN NESTOR 19201 COLLINS AVE #536 AVENTURA, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NASIELSKY, FABIAN ERNESTO 18683 COLLINS AVE #2203, SUNNY ISLE, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NASIELSKY, HERNAND GUIDO 19201 COLLINS AVE #536 AVENTURA, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NASIELSKY, HERNAND GUIDO 18683 COLLINS AVENUE #2203, SUNNY ISLE, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
SIGNATURE: 			MAURICIO F. NASIELSKY DIR. 03-25-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		

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