## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2005 8:00 am Secretary of State

DOCUMENT # P03000027449  1. Entity Name NLV ENTERPRISES, INC.					04-25-2005 90281 044 ***150.00					
Principal Plac 2028 BLUE I TRINITY, FL	BEECH CT.	Mailing Address 2028 BLUE BEECH CT. TRINITY, FL 34655	t at <b>k—</b>		# ( <b>* 18 1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4000	95/0		<b>!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!</b>	
2. Principa P	00 C 10 000 ( 10 1	3. Mailing Address	ianda	- O	r.					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02082005	Chg-P	CR2E	034 (10/03)		
City Stat	"nity ,71.	Trinity	<i>71.</i>		4. FEI Number 55-082			_ <del>                                    </del>	plied For t Applicable	
344	155 Pasco	34662	Country		5. Certificate	of Status Desi	red 🔲	\$8.75 Add Fee Required	litional d	
VLAHOS, 20 <del>28 BLUI</del> TRINITY, I	NICOS 10440 DEECHET Trinit	Condapr. W71.	Name Street A	ddress (F	7Name.and		ew Registered	Agent		
34/655							FL	- 1		
8. The above named/exhity submits this streement or 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  Stophure, Shot or Finited name or legislated agent and title if depicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib			00 May Be ed to Fees					
10.	OFFICERS AND D		11.		ADDITIONS/	CHANGES TO	OFFICERS AN	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VLAHOS, NICOS 2028 BLUE BEECH CT. TRINITY, FL 34655	☐ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP	j	0440 Trini	Gar	da Dr H.34N	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VLAHOS, LORI 2028 BLUE BEECH CT. TRINITY, FL 34655	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5/5	iyo (	oasd	2 Or. 3469	Change	Addition	
TITLE NAME		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		-		☐ Chánge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				-	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			_		☐ Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE					☐ Change	☐ Addition	

12. Thereby certify that the information supplied with this fing 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 adcurate and the 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 any address, with all other the empowered.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #