2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AN
Secretary of State

305-888-171

ANNUAL REPORT					Jan 11, 200 / 08:00			
1. Entity Name	MENT # P0300003 ROKERAGE BY NATION		Secretary of Sta					
Principal Place 12060 NW SI MEDLEY, FL	OUTH RIVER DR.	Mailing Address 12060 NW SOUTH RIVER DR. MEDLEY, FL 33178	-					
ם	O NOT WRITI	CE	01042007 4. FEI Numbe 02-068		CR2E034 (1/	iment militan 35 bant		
	6. Name and Address of Curren	t Registered Agent	-		. •		*	
ACOSTA, A 12060 NW MEDLEY, I	SOUTH RIVER DR.				NOT W			
the obligati	named entity submits this statement ions of registered agent.	or the purpose of changing its registe	red office or registe	red agent, or both	n, in the State of Flo	rida. I am familia	r with, and accept	
SIGNATURE	Signature, lyped or printed name of registered again	nt and title if applicable. (NOTE, Rugisse	rad Agent sign sture require	d when reinstating)	:	DATE	<u> </u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees				
10.	OFFICERS ANI	DIRECTORS						
TITLE NAME STREET ADDRECS CITY-ST-ZIP	ACOSTA, ALEX 12060 NW SOUTH RIVER DR. MEDLEY, FL 33178		•		U00000 01/11/07-	582426 60020-020	150 00	
TIFLE NAME STREET ADDRECS CITY-ST-ZP	V ELORTEGUI, MARTA 12060 NW S RIVER DR MIAMI, FL 33178 ⁻				01/11/11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3		DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SF	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u>.</u>					
TITLE NAME STREET ADDRESS CITY-ST-7IP					·		بر المراجع الم	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 113, 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 eath; that I am an officer or director of the corporation of 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 Helpands