## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000042732

Name: Address:

City-St-Zip:

212 N.W. 55 COURT

MIAMI, FL 33126

FILED Jan 06, 2006 Secretary of State

Entity Name: NDVP, INC. **Current Principal Place of Business: New Principal Place of Business:** 5727 NW 7TH ST SUITE 290 MIAMI, FL 33126 **Current Mailing Address: New Mailing Address:** 5727 NW 7TH ST SUITE 290 MIAMI, FL 33126 FEI Number: 20-0098008 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DOMINGUEZ, NILKA DOMINGUEZ, NILKA 210 N.W. 55TH COURT 5727 N.W. 7 STREET MIAMI, FL 33126 SUITE 290 MIAMI, FL 33126 US 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. SIGNATURE: NILKA DOMINGUEZ 01/06/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition DOMINGUEZ, NILKA Name: Name: 210 N.W. 55TH COURT Address: Address: City-St-Zip: MIAMI, FL 33126 City-St-Zip: Title: VTD Title: () Delete () Change () Addition DOMINGUEZ, EFRAIN E MR Name: Name: 210 N.W. 55TH COURT Address: Address: MIAMI, FL 33126 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: SEC () Change () Addition DOMINGUEZ, NILKA G MRS Name: Name: 212 N.W. 55 COURT Address: Address: City-St-Zip: MIAMI, FL 33126 City-St-Zip: Title: **TERS** ( ) Delete Title: () Change () Addition DOMINGUEZ, ÉFRAIN MR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: NILKA DOMINGUEZ PS 01/06/2006