

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000080292

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** NATIONAL ESTRUCTURE INC.

**Current Principal Place of Business:**

5460 NORTHWEST 174TH DRIVE  
OPA LOCKA, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

5460 NORTHWEST 174TH DRIVE  
OPA LOCKA, FL 33055

**New Mailing Address:**

29900 SW 170 TH AVE  
HOMESTEAD, FL 33030

**FEI Number:** 20-0102515

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMADOR, ANAIRIS  
5460 NW 174 DR.  
OPA LOCKA, FL 33055 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** AMADOR, ANDRES JR  
**Address:** 5460 NORTHWEST 174TH DRIVE  
**City-St-Zip:** OPA LOCKA, FL 33055

**Title:** ST  
**Name:** AMADOR, ANA IRIS  
**Address:** 5460 NORTHWEST 174TH DRIVE  
**City-St-Zip:** OPA LOCKA, FL 33055

**Title:** VP  
**Name:** AMADOR, ANDRES R  
**Address:** 5460 NORTHWEST 174TH DRIVE  
**City-St-Zip:** OPA LOCKA, FL 33055

I hereby 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 all other like empowered.

**SIGNATURE:** ANAIRIS AMADOR

ST

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date