

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 02, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P03000081934**

1. Entity Name

NEBARD ENTERPRISES, INC.



Principal Place of Business

2999 NE 191ST ST., SUITE 900  
AVENTURA, FL 33180

Mailing Address

2999 NE 191ST ST., SUITE 900  
AVENTURA, FL 33180

**DO NOT WRITE IN THIS SPACE**



02162006

No Chg-P

CR2E034

4. FEI Number

20-0216421

Applied F.

Not Applicat.

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHIFFMAN, ADAM R ESQ.  
2999 NE 191ST ST., SUITE 900  
AVENTURA, FL 33180

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE	D
NAME	ROTH, BARRY
STREET ADDRESS	1960 SW 30TH AVE.
CITY-ST-ZIP	PEMBROKE PARK, FL 33009
TITLE	D
NAME	COOPER, NEIL
STREET ADDRESS	1960 SW 30TH AVE.
CITY-ST-ZIP	PEMBROKE PARK, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-22-06 305 792-21