


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000003938

1. Entity Name
NMLXRESS, INC.



Principal Place of Business
6601 NORTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33309 US

Mailing Address
6601 NORTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33309 US

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
58-2681589

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WITTENBEN, DEBORAH
1600 NE 38 STREET
OAKLAND PARK, FL 33334

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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 _____ (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	P
NAME	SMALL, JONATHAN W
STREET ADDRESS	3021 NE 55 PLACE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	VP
NAME	SMALL, HARRIS A III
STREET ADDRESS	3021 NE 39 STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334
TITLE	S
NAME	WITTNEBEN, DEBORAH
STREET ADDRESS	1600 NE 38 STREET
CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	T
NAME	FERGUSON, SUSIE
STREET ADDRESS	1446 KEW GARDENS COURT
CITY-ST-ZIP	SAN JOSE, CA 95120
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/03/06-80024-024 150.00

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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:  **DEBORAH WITTENBEN** **2-20-06** **954-772-8880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #