

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000020236

FILED  
May 01, 2005  
Secretary of State

Entity Name: NEXSTREAM FINANCIAL EXCHANGE, INC.

**Current Principal Place of Business:**

1250 EAST HALLANDALE BEACH BLVD.  
SUITE 405  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2877  
HALLANDALE BEACH, FL 33008

**New Mailing Address:**

FEI Number: 81-0644328      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

T.F.R.A., LLC  
1250 E. HALLANDALE BEACH BLVD.  
SUITE 405  
HALLANDALE BEACH, FL 33009 US

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

JAVELLANA, TY  
1250 E. HALLANDALE BEACH BLVD.  
SUITE 405  
HALLANDALE BEACH, FL 33009 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: TY JAVELLANA

05/01/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JAVELLANA, TY  
Address: 1250 E. HALLANDALE BEACH BLVD., #405  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D (X) Delete  
Name: VILLANUEVA, ELISEO B  
Address: 1250 E. HALLANDALE BEACH BLVD., #405  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D (X) Delete  
Name: FESALBON, RONALD S  
Address: 1250 E. HALLANDALE BEACH BLVD., #405  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D (X) Delete  
Name: KERR, CHRISTOPHER P  
Address: 1250 E. HALLANDALE BEACH BLVD., #405  
City-St-Zip: HALLANDALE BEACH, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: TY JAVELLANA

PD

05/01/2005

Electronic Signature of Signing Officer or Director

Date