

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000033156

Entity Name: N. S. C. INSTALLATIONS CORP.

FILED
May 16, 2006
Secretary of State

Current Principal Place of Business:

19139 NW 23 CT
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

19139 NW 23 CT
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 56-2436533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAULA, ANTONIO
19139 NW 23 CT
PEMBROKE PINES, FL 33029 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

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: CAULA, ANTONIO
Address: 19139 NW 23 CT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VD () Delete
Name: ALVARADO, OSUALDO
Address: 2208 SW 26 LANE
City-St-Zip: MIAMI, FL 33133

Title: VD () Delete
Name: RIOS, AMILKAR
Address: 1771 OPALOCKA BLVD.
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: LEIVA, CARLOS
Address: 19139 NW 23RD COURT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VD (X) Change () Addition
Name: CAULA, ANTONIO
Address: 19139 NW 23RD COURT
City-St-Zip: PEMBROKE PINES, FL 33029

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.

SIGNATURE: ANTONIO CAULA

PD

05/16/2006

Electronic Signature of Signing Officer or Director

Date