

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000033156

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

FILED
Aug 05, 2008
Secretary of State

Current Principal Place of Business:

19139 NW 23 CT
PEMBROKE PINES, FL 33029

New Principal Place of Business:

750 WEST 39TH PLACE
HIALEAH, FL 33012

Current Mailing Address:

19139 NW 23 CT
PEMBROKE PINES, FL 33029

New Mailing Address:

760 WEST 84TH ST
HIALEAH, FL 33014

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:

CAULA, ANTONIO
750 WEST 39TH PLACE
HIALEAH, FL 33012 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:

08/05/2008

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: LEIVA, CARLOS
Address: 19139 NW 23RD COURT
City-St-Zip: PEMBROKE PINES, FL 33029

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CAULA, ANTONIO
Address: 750 WEST 39TH PLACE
City-St-Zip: HIALEAH, FL 33012

Title: VD (X) Change () Addition
Name: LEIVA, CARLOS
Address: 760 WEST 84TH ST
City-St-Zip: HIALEAH, FL 33014

Title: VD (X) Change () Addition
Name: CAULA, ANTONIO
Address: 750 WEST 39TH PLACE
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify 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

08/05/2008

Electronic Signature of Signing Officer or Director

Date