

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000033927	
1. Entity Name NAKOVAC INTERNATIONAL, INC.	

Principal Place of Business 11283 NW 65TH ST. DORAL, FL 33178	Mailing Address 11283 NW 65TH ST. DORAL, FL 33178
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DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0807397	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KOVAC, VIERA 11283 NW 65TH ST. DORAL, FL 33178

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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 _____
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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
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10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	KOVAC, VIERA	
STREET ADDRESS	11283 NW 65TH ST.	
CITY-STATE-ZIP	DORAL, FL 33178	
TITLE	D	
NAME	NAKANO, LUKE	
STREET ADDRESS	11283 NW 65TH ST.	
CITY-STATE-ZIP	DORAL, FL 33178	
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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IN THIS SPACE

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02/02/06-80010-002 150.00

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: <u>Viera Kovac</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Jan. 22/06 305-372-6955 Date Daytime Phone #
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