

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90080 009 \*\*\*150.00

DOCUMENT #P04000047787

1. Entity Name

NC-CLEX, INC.



Principal Place of Business

16017 NE 8TH AVE  
NORTH MIAMI BEACH FL 33162

Mailing Address

16017 NE 8TH AVE  
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name *Epifania Ramos*

Street Address (P.O. Box Number is Not Acceptable)

*16017 NE 8TH AVE*

City *NORTH MIAMI BEACH FL*

Zip Code *33162*

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 installing)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME PSD  
STREET ADDRESS RAMOS, EPIFANIA L  
CITY- ST- ZIP 16017 NE 8TH AVE  
NORTH MIAMI BEACH FL 33162

TITLE ☐ Delete  
NAME VTD  
STREET ADDRESS RAMOS, NAPOLEON  
CITY- ST- ZIP 16017 NE 8TH AVE  
NORTH MIAMI BEACH FL 33162

TITLE ☐ Delete  
NAME

STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME

STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME

STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME

STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Epifania Ramos*

Date

*4/10/06* 305 947 3003