

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90007 031 ***150.00

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05122008 Chg-P CR2E034 (12/06)

DOCUMENT # P04000048962 1. Entity Name NIRIC CORP.					
Principal Place of Business 6746 KINGSMOOR WAY MIAMI, FL 33014			Mailing Address 6746 KINGSMOOR WAY MIAMI, FL 33014		
2. Principal Place of Business - No P.O. Box # 6746 Kingmoor Way Suite, Apt. #, etc		3. Mailing Address Suite, Apt. #, etc			
City & State Miami FL		City & State		4. FEI Number NOT APPLICABLE	
Zip 33014		Country Miami/Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REBULL, ARMANDO 6746 KINGSMOOR WAY MIAMI, FL 33014			7. Name and Address of New Registered Agent Name: Armando Rebull Street Address (P.O. Box Number is Not Acceptable): 6746 Kingmoor Way City: Miami FL Zip Code: 33014		
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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PO REBULL, ARMANDO 6746 KINGSMOOR WAY MIAMI, FL 33014 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/15/08 305-828-8070 <small>Date Daytime Phone #</small>		

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#P04000048962

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Document Number P04000048962

Business Entity Name NIRIC CORP.

FEI Number

FEI Number Status Applied For

Certificate of Status Desired No

Election Campaign Financing Trust Fund Contribution No

Principal Place of Business

Address 6746 KINGSMOOR WAY

City, State MIAMI, FL

Zip Code & Country 33014

Mailing Address

Address 6746 KINGSMOOR WAY

City, State MIAMI, FL

Zip Code & Country 33014

Name And Address of Registered Agent

Name (Last, First, Middle, Title) REBULL, ARMANDO

Address 6746 KINGSMOOR WAY

City, State MIAMI, FL

Zip Code & Country 33014 US

Registered Agent Signature ARMANDO REBULL

Officer/Director Name And Address

Name And Address #1

Title PD

ATTACHMENT

40107720

P04000048962

Name (Last, First, Middle, Title) REBULL, ARMANDO
Street Address 6746 KINGSMOOR WAY
City, State MIAMI, FL
Zip Code & Country 33014

Title PRES
Officer/Director Signature ARMANDO REBULL

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