

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90021 001 ***150.00
01-24-2007 90021 002 *****8.75

66000344



01192007 Chg-P CR2E034 (12/06)

DOCUMENT # P04000060733 1. Entity Name N.E.K. CONSULTING, INC.					
Principal Place of Business 1750 NE 191 ST 721 NORTH MIAMI, FL 33179 US			Mailing Address 1750 NE 191 ST 721 NORTH MIAMI, FL 33179 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DE LA CRUZ, NANCY 1750 NE 191 ST 721 NORTH MIAMI, FL 33179				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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 P NAME DE LA CRUZ, NANCY STREET ADDRESS 1750 NE 191 ST APT 721 CITY-ST-ZIP NORTH MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete		TITLE P NAME De la Cruz, Nancy STREET ADDRESS 18800 NE 29 Avenue #703 CITY-ST-ZIP Aventura, Florida 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME NEUHUBER, KURT R STREET ADDRESS 1750 NE 191 ST APT 721 CITY-ST-ZIP NORTH MIAMI, FL 33179	<input type="checkbox"/> Delete		TITLE VP NAME Neuhuber, Kurt R STREET ADDRESS 18800 NE 29 Avenue #703 CITY-ST-ZIP Aventura, Florida 33180	<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	
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	
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 as changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Nancy De la Cruz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/13/2007</u> <small>Date Daytime Phone #</small>		