

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000068035

1. Entity Name  
NUEMAGE OF SOUTH FLORIDA, INC.



Principal Place of Business

120 S. OLIVE AVE.  
401  
WEST PALM BEACH, FL 33401

Mailing Address

120 S. OLIVE AVE.  
401  
WEST PALM BEACH, FL 33401

**FILED**

**Jun 19, 2008 08:00 AM**  
**Secretary of State**



06162008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>56-2453086</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

REYNOLDS, JOHN H ESQ  
120 S. OLIVE AVE.  
401  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

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

**6-16-08**

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PRES
NAME	MCGREGOR, ROGER
STREET ADDRESS	120 S. OLIVE AVE., SUITE 401
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DIR
NAME	REYNOLDS, JOHN H
STREET ADDRESS	120 S. OLIVE AVE., SUITE 401
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000953259  
06/19/08-80001-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6-16-08 (561) 683-1033**