

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

ORIGINAL
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000072185

1. Entity Name
NPWE, INC.



Principal Place of Business

3359 GARDENS E DR
C
PALM BEACH GARDENS, FL 33410 US

Mailing Address

3359 GARDENS E DR
C
PALM BEACH GARDENS, FL 33410 US



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1081578

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KALKANIDIS, CHRISTOS
3359 GARDENS E DR
PALM BEACH GARDENS, FL 33410

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME KALKANIDIS, CHRISTOS
STREET ADDRESS 2340 WATERSIDE DRIVE
CITY-ST-ZIP LAKE WORTH, FL 33461

TITLE VP
NAME KANLANIDIS, IOANNIS
STREET ADDRESS 2340 WATERSIDE DRIVE
CITY-ST-ZIP LAKE WORTH, FL 33461

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000808984
02/08/08-80004-007 150.00

**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:

Ioannis Kalkanidis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-08

Date

Daytime Phone #