

ANNUAL REPORT (AR)DOCUMENT # **04000073334**

1. Entity Name

NATIONS DUTY-FREE, INC.**FILED**
Feb 05, 2007 08:00 AM
Secretary of StatePrincipal Place of Business
**7270 N.W. 12TH STREET
SUITE 250
MIAMI FL 33126**Mailing Address
**7270 N.W. 12TH STREET
SUITE 250
MIAMI FL 33126**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **20-2417256**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACAULAY, ROBERT B
2525 PONCE DE LEON BLVD.
SUITE 400
MIAMI FL 33134**

Name

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

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **TENENBAUM, LEON**
STREET ADDRESS **7270 N.W. 12TH STREET SUITE 250**
CITY-STATE-ZIP **MIAMI FL 33126**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
U00000620148
02/09/07-80025-012 150.00TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
POSTED
2/26/07

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 TITLE OF PERSON OR ENTITY SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #