2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-04-2008 90060 017 ***150.00

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1. Entity Name
N.L.R. DEVELOPERS, INC.

Principal Place of Business	Mailing Address
P O BOX 012576 MIAMI, FL 33101	P O BOX 012576 MIAMI, FL 33101

01302008 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
PO BOX 012376	PO BOX 012376
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33101 Country: USA	Zip: 33101 Country: USA

4. FEI Number: 20-1213915 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, RICARDO
8885 SW 161 STREET
PALMETTO BAY, FL 33157

7. Name and Address of New Registered Agent

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	FERNANDEZ, RICARDO		NAME	
STREET ADDRESS	P O BOX 012576		STREET ADDRESS	PO BOX 012376
CITY-ST-ZIP	MIAMI, FL 33101		CITY-ST-ZIP	MIAMI, FL 33101
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, SERGIO		NAME	
STREET ADDRESS	8885 SW 161ST ST		STREET ADDRESS	
CITY-ST-ZIP	PALMETTO BAY, FL 33157		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: ______ 1/30/2008 305-300-6865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #