## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Jul 20, 2006 08:00 AM DOCUMENT # P04000119040 **Secretary of State** 1. Entity Name **NSI CORPORATION** Principal Place of Business Mailing Address 12535 ORANGE DR SUITE 605 12535 ORANGE DR SUITE 605 **DAVIE FL 33330** DAVIE FL 33330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 2nd MOORE CR2E034 (4/06) 4. FEI Number Applied For City & State City & State 20-1534759 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VIZCAINO, JORGE 330 W 9TH ST STE #5 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33010 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, DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE TITLE ☐ Change ☐ Addition ☐ Delete VIZCAINO, JORGE NAME NAME 330 W 9TH ST STE #5 STREET ADDRESS STREET ADDRESS HIALEAH FL 33010 CITY-ST ZIP CITY-ST-ZIP VΡ TITLE ☐ Delete Change Addition D'ALACIO, NANCY 12535 ORANGE DRIVE SUITE 605 STREET ADDRESS STREET ADDRESS DAVIE FL 33330 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY - ST - ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-S1-ZP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 be 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.

SIGNAT