

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90005 043 \*\*\*150.00

**60014432**



|   |   |   |  |
|---|---|---|--|
| <b>DOCUMENT # P04000134769</b><br>1. Entity Name<br>N.R. GROUP MANAGEMENT, INC.   |   |   |  |
| Principal Place of Business<br>309 SE 9 STREET<br>HALLANDALE, FL 33009  |   | Mailing Address<br>309 SE 9 STREET<br>HALLANDALE, FL 33009  |  |
| 2. Principal Place of Business<br>18425 NW 2nd Ave<br>Suite, Apt. #, etc. 350   |   | 3. Mailing Address<br>18425 NW 2nd Ave #350<br>Suite, Apt. #, etc.  |  |
| City & State<br>Miami Gardens FL  |   | City & State<br>Miami Gardens FL  |  |
| Zip 33169 Country USA   |   | Zip 33169 Country USA   |  |
| 4. FEI Number<br>20-1675215   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br>SHOSHANI, NIR<br>309 SE 9 STREET<br>HALLANDALE, FL 33009   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>18425 NW 2nd Ave #350<br>City Miami Gardens FL Zip 33169 |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D SHOSHANI, NIR<br>309 SE 9 STREET<br>HALLANDALE, FL 33009 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 18425 NW 2nd Ave #350<br>Miami Gardens FL 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D GOTTESMAN, RON<br>309 SE 9 STREET<br>HALLANDALE, FL 33009 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 18425 NW 2nd Ave #350<br>Miami Gardens FL 33169 <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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 information empowered. |   |   |  |
| SIGNATURE: _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #   |   |   |  |