

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-12-2007 90360 002 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000152154

1. Entity Name
NEVAEH COMMUNICATIONS, INC



Principal Place of Business
**19504 SW 135TH CT
MIAMI, FL 33177 US**

Mailing Address
**19504 SW 135TH CT
MIAMI, FL 33177 US**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02262007

Chg-P

CR2E034 (12/06)

4. FEI Number **20-1842842**
APPLIED FOR

Applied For
Not Applicable

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

**HILL-RIGGINS, BRENDA L
19504 SW 135TH CT
MIAMI, FL 33177**

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!!! FEES \$150.00
After May 1, 2007 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 11

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
P	LINGO, BRENDA A	19504 SW 135TH CT	MIAMI, FL 33177	<input type="checkbox"/>
VP	ROBINSON, JEANINE L	19504 SW 135TH CT	MIAMI, FL 33177	<input type="checkbox"/>
SEC	LINGO, CARMEN	19504 SW 135TH CT	MIAMI, FL 33177	<input type="checkbox"/>
PM	LINGO, IRA S	19504 SW 135TH CT	MIAMI, FL 33177	<input type="checkbox"/>
T	HILL-RIGGINS, BRENDA L	19504 SW 135TH CT	MIAMI, FL 33177	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 another who is empowered.

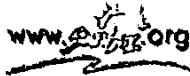
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

66006939



Division of Corporations

Annual Report

Payment Page

Document Tracking # - 000087610820

Document Number # - P04000152154

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