

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90027 019 ***150.00

DOCUMENT # P04000153549			
1. Entity Name NENENCO CORP.			
Principal Place of Business 43 AVENUE C, APT. 2A NEW YORK, NY 10009		Mailing Address 3670 OLD TOWN ROAD BRIDGEPORT, CT 06606	
2. Principal Place of Business - No P.O. Box # 324 EAST 112th ST.		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc. Suite 1B		Suite, Apt. #, etc.	
City & State NY, NY		City & State	
Zip 10029		Country USA	
4. FEI Number 20-1908081		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VASERSTEIN, GILDA 2910 SHERIDAN AVENUE MIAMI BEACH, FL 91301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)			
Signature, typed or printed name of registered agent and title if applicable			
DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete DAWES, MICHELLE 3670 OLD TOWN ROAD BRIDGEPORT, CT 06606	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P/M/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete VASERSTEIN, TAMMY 43 AVENUE C, APT. 2A NEW YORK, FL 10009	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P/M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 324 EAST 112th STREET, S1#1B NEW YORK, NY 10029
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input checked="" type="checkbox"/> Delete VASERSTEIN, GILDA 2910 SHERIDAN AVENUE MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/21/08 203 273 2316 Date Daytime Phone #	