

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000163515

Entity Name: NYLEVEL, INC.

FILED
Mar 21, 2008
Secretary of State**Current Principal Place of Business:**2612 SAWGRASS MILLS CIR # 1511
SUNRISE, FL 33323**New Principal Place of Business:****Current Mailing Address:**2612 SAWGRASS MILLS CIR # 1511
SUNRISE, FL 33323**New Mailing Address:**

FEI Number: 20-1961093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:DOMINGUEZ, OSCAR
2612 SAWGRASS MILLS CIR # 1511
SUNRISE, FL 33323 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: DOMINGUEZ, OSCAR
Address: 2612 SAWGRASS MILLS CIR # 1511
City-St-Zip: SUNRISE, FL 33323Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP () Change (X) Addition
Name: HOLLER, FRANCOISE E VP
Address: 2612 SAWGRASS MILLS CIR # 1511
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR DOMINGUEZ

D

03/21/2008

Electronic Signature of Signing Officer or Director

Date