

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90253 005 \*\*\*150.00

**DOCUMENT # P04000172516**



1. Entity Name  
**NGF ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**850 IVES DAIRY RD T-57 850 IVES DAIRY RD T-57**  
**PMB 606 PMB 606**  
**NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179**

**14009497**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number **14-1919838** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PARENT-FARRELL, GENEVIEVE**  
**21241 NE 3RD COURT**  
**NORTH MIAMI BEACH FL 33179-1129**

**7. Name and Address of New Registered Agent**

Name **PARENT-FARRELL, GENEVIEVE**  
 Street Address (P.O. Box Number is Not Acceptable) **850 IVES DAIRY RD, T-57, PMB 606**  
 City **NORTH MIAMI BEACH** FL Zip Code **33179-2499**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DPST <input type="checkbox"/> Delete
NAME	<b>PARENT-FARRELL, GENEVIEVE</b>
STREET ADDRESS	<b>850 IVES DAIRY RD T-57 PMB 606</b>
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33179 -2499</b>
TITLE	DV <input type="checkbox"/> Delete
NAME	<b>FARRELL, PHILIP W</b>
STREET ADDRESS	<b>850 IVES DAIRY RD T-57 PMB 606</b>
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33179 - 2499</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARENT-FARRELL, GENEVIEVE</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Genevieve Parent-Farrell* **4/22/05** **(305)333-9681**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #