

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000172789

1. Entity Name  
NANCY BRANCH CORPORATION



FILED

10 JUN -8 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1541 NW 182ND STREET  
MIAMI, FL 33169

Mailing Address  
1541 NW 182ND STREET  
MIAMI, FL 33169



05072010 Chg-P CR2E034 (11/08)

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

3. Mailing Address

1541 NW 182ND ST

1541 NW 182ND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33169

DADE

33169

DADE

4. FEI Number

81-0643576

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

BRANCH, NANCY  
1541 NW 182ND STREET  
MIAMI, FL 33169

Name  
NANCY BRANCH CORPORATION

Street Address (P.O. Box Number is Not Acceptable)  
1541 NW 182ND STREET

City  
MIAMI

FL

Zip Code  
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

*[Signature]*

5-27-10

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 24, 2010**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME BRANCH, NANCY  
STREET ADDRESS 1541 NW 182ND STREET  
CITY-ST-ZIP MIAMI, FL 33169

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME BRANCH, NANCY  
STREET ADDRESS 1541 NW 182ND STREET  
CITY-ST-ZIP MIAMI, FL 33169

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME BRANCH, NANCY  
STREET ADDRESS 1541 NW 182ND STREET  
CITY-ST-ZIP MIAMI, FL 33169

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME BRANCH, NANCY  
STREET ADDRESS 1541 NW 182ND STREET  
CITY-ST-ZIP MIAMI, FL 33169

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME BRANCH, NANCY  
STREET ADDRESS 1541 NW 182ND STREET  
CITY-ST-ZIP MIAMI, FL 33169

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME BRANCH, NANCY  
STREET ADDRESS 1541 NW 182ND STREET  
CITY-ST-ZIP MIAMI, FL 33169

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-27-10 305-454-0886

Date

Daytime Phone #