2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 03, 2006 8:00 am ANNUAL REPORT (AR) **Secretary of State** DOCUMENT # P05000017623 1. Entity Name 03-03-2006 90126 026 ***150.00 NS REAL ESTATE INVESTMENT CORP Principal Place of Business Mailing Address 5820 TOWN BAY DRIVE 5820 TOWN BAY DRIVE **SUITE 321** BOCA RATON FL 33486 **BOCA RATON FL 33486** Principal Place of Business 3. Mailing Address DUM 6079 BOCA Colony 6079 BOCA COLONY DEIVE ApT 1024 Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) APT 1024 City & State BOCA PATON City & State 4. FEI Number Applied For Fί BOCA RATON アレ 20-2285732 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired PALM BEACH PALM GGACH Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAURICIO NAJAR PALACIO, MONICA Street Address (P.O. Box Number is Not Acceptable) 10660 N.W. 37 TERRACE **MIAMI FL 33178** 1024 BOCA RATON the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement/for the obligations of registeren agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change TITLE TITLE Addition ☐ Delete NAJAZ MAUZICIO SEPULVEDA, MARITZA NAME NAME 6079 BOCA COLONY DRIVE APT 1029 STREET ADDRESS STREET ADDRESS 5820 TOWN BAY DRIVE BOCA PATON _FL CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** Delete P SEPULVEDA MARITZA 6079 BOCA COLONY DELVE APT 1024 Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZtP CITY-ST-ZIP TIT1 F ☐ Change ☐ Addition Delete TITLE NAME NAME____ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP □ Defete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP City-St-7P ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 the exemptions contained in Section 119. Florida Statutes if 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 a director of the corporation 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 a director of the corporation of the

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