

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000036259

**FILED**  
**Feb 11, 2008**  
**Secretary of State**

**Entity Name:** NEI FONTANA P.A.

**Current Principal Place of Business:**

5838 COLLINS AVE  
PH-B  
MIAMI BEACH, FL 33140 US

**New Principal Place of Business:**

**Current Mailing Address:**

5838 COLLINS AVE  
PH-B  
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

**FEI Number:** 20-2502103      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FONTANA, NEI  
11427 NE 11TH PLACE  
BISCAYNE PARK, FL 33161 US

**Name and Address of New Registered Agent:**

FONTANA, NEI  
5838 COLLINS AVE PH-B  
MIAMI BEACH, FL 33140 US

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: NEI FONTANA      02/11/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: FONTANA, NEI  
Address: 5838 COLLINS AVE PH-B  
City-St-Zip: MIAMI BEACH, FL 33140 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NEI FONTANA      P      02/11/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date