## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P05000098734 1. Entity Name NELÚ, INC Principal Place of Business Mailing Address 2805 S. RONALD REAGAN BLVD 287 LAKAY PLACE ALTAMONTE SPRINGS, FL 32701 US LONGWOOD, FL 32779 DO NOT WRITE IN THIS SPACE

**FILED** May 03, 2007 08:00 AM Secretary of State



04302007 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 20-3164627 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALIJANI, FARZANAH 287 LAKAY PLACE LONGWOOD, FL 32779

## DO NOT WRITE IN THIS SPACE

			8		•	
8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and acce	pt
SIGNATURE.	Signature, typed or printed name of registered agent and title li	f applicable. (NOTE: Registere	d Agent signature	e required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	U00000758312	
10.	OFFICERS AND DIREC	TORS	1		05/23/07-00105-019 150.00	_
NAME STREET ADDRESS CITY-ST-ZIP	P,D ALIJANI, FARZANAH 287 LAKAY PLACE LONGWOOD, FL 32779					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	•					
TITLE NAME STREET ADDRESS	***					

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24,07