

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90038 003 \*\*\*150.00

<b>DOCUMENT # P05000121757</b>					
<b>1. Entity Name</b> NERD CORP.					
<b>Principal Place of Business</b> 1001 NE 125TH ST 101 NORTH MIAMI, FL 33161			<b>Mailing Address</b> 1001 NE 125TH ST 101 NORTH MIAMI, FL 33161		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-3421729	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MIRANDA, RICARDO A 1001 NE 125TH ST SUITE 101 NORTH MIAMI, FL 33161			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>04/30/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> MIRANDA, RICARDO A <b>STREET ADDRESS</b> 1001 NE 125TH ST, SUITE 101 <b>CITY-ST-ZIP</b> NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> MIRANDA, RUTHY <b>STREET ADDRESS</b> 1001 NE 125TH ST, SUITE 101 <b>CITY-ST-ZIP</b> NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> MIRANDA, DANIEL R <b>STREET ADDRESS</b> 1001 NE 125TH ST, SUITE 101 <b>CITY-ST-ZIP</b> NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> MIRANDA, ALEJANDRA <b>STREET ADDRESS</b> 1001 NE 125TH ST, SUITE 101 <b>CITY-ST-ZIP</b> NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>04/30/07</b> DAYTIME PHONE # <b>(305) 893-0327</b>		

40111443



05032007 Chg-P CR2E034 (12/06)

**4. FEI Number**  
20-3421729

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**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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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 14, 2007**

**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**

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1001 NE 125TH ST, SUITE 101  
**CITY-ST-ZIP**  
NORTH MIAMI, FL 33161

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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **04/30/07**

DAYTIME PHONE # **(305) 893-0327**