


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000060892		
1. Entity Name NAHIRO MULTISPORTS, CORP.		

FILED
07 APR 30 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5940 SW 73 STREET SUITE 205 MIAMI, FL 33143	Mailing Address 5940 SW 73 STREET SUITE 205 MIAMI, FL 33143
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2. Principal Place of Business - No P.O. Box # 3653 SW 156 CT.	3. Mailing Address 3653 SW 156 CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL	City & State Miami, FL
Zip 33185	Zip 33185
Country	Country

04272007 Chg-P CR2E034 (12/06) **87**

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANDERSON, NAHIROBIHT 5940 SW 73 STREET SUITE 205 MIAMI, FL 33143	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3653 SW 156 CT. City Miami FL Zip Code 33185
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, NAHIROBIHT 5940 SW 73 STREET SUITE 205 MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3653 SW 156 CT. Miami, FL 33185
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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  **Nahirobiht Anderson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____