## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000062976

Entity Name: N.Y.M. INVESTMENT, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5027 TIDEVIEW CIRCLE #40 2594 BOGGY CREEK RD. ORLANDO, FL 32819 KISSIMMEE, FL 34744

Current Mailing Address: New Mailing Address:

5027 TIDEVIEW CIRCLE #40 2594 BOGGY CREEK RD. ORLANDO, FL 32819 KISSIMMEE, FL 34744

FEI Number: 20-4857217 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SORRENTINI, NORMAN S
5027 TIDEVIEW CIRCLE #40
ORLANDO, FL 32819 US
SORRENTINI, NORMAN S
2594 BOGGY CREEK RD.
KISSIMMEE, FL 34744 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: NORMAN SIERRA 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

 Title:
 DP ( ) Delete

 Name:
 SORRENTINI, NORMAN S

 Address:
 5027 TIDEVIEW CIRCLE #40

 City-St-Zip:
 ORLANDO, FL 32819

 Title:
 DST () Delete

 Name:
 NUNEZ LOPEZ, NAYDA

 Address:
 5027 TIDEVIEW CIRCLE #40

 City-St-Zip:
 ORLANDO, FL 32819

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SORRENTINI, NORMAN S
Address: 2594 BOGGY CREEK RD.
City-St-Zip: KISSIMMEE, FL 34744

Title: DST (X) Change () Addition

Name: NUNEZ LOPEZ, NAYDA Address: 2594 BOGGY CREEK RD. City-St-Zip: KISSIMMEE, FL 34744

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: NORMAN SIERRA PD 04/30/2008