


FILED
May 05, 2008 8:00 am
Secretary of State

04-14-2008 90040 027 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

| | | | |
|--|---|---|---|
| DOCUMENT # P07000002039 | |  | |
| 1. Entity Name NSG ENTERPRISES, INC. | | | |
| Principal Place of Business 17058 WHITEHAVEN DR. BOCA RATON, FL 33186 496 | | Mailing Address 17058 WHITEHAVEN DR. BOCA RATON, FL 33186 496 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 51-0619340 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent NATHANSON, MONTE P. 17058 WHITEHAVEN DR. BOCA RATON, FL 33186 496 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 33496 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and state if applicable</small> | | DATE _____ <small>(NOTE: Registered Agents signature required when re-registering)</small> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <i>PRES. T.C.R.D.</i> <i>MONTE P. NATHANSON</i> <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <i>MONTE P. NATHANSON</i> <i>17058 WHITEHAVEN DR.</i> <i>BOCA RATON, FL 33496</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: <i>Monte P. Nathanson</i> | | Date: <i>Apr 9/08</i> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small> | | <small>Daytime Phone #</small> | |