

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-04-2008 90016 038 ***158.75

DOCUMENT # P07000034028 1. Entity Name NATE'S GRAB & GO WEST, INC.																																																																																																					
Principal Place of Business 1000 S. PINE ISLAND RD. 180 PLANTATION FL 33324 US			Mailing Address 2043 N.E. 29 ST. FT. LAUDERDALE FL 33308 US																																																																																																		
2. Principal Place of Business - No P.O. Box # 2043 NE 29 STREET Suite, Apt. #, etc. FT. LAUDERDALE FL 33308			3. Mailing Address 2400 EAST COMMERCIAL BVD Suite, Apt. #, etc. 103																																																																																																		
City & State FT. LAUDERDALE, FL			City & State FT. LAUDERDALE FL																																																																																																		
Zip 33304		Country US		Zip 33308																																																																																																	
Country US		4. FEI Number 20-8671112																																																																																																			
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable																																																																																																	
6. Name and Address of Current Registered Agent BRADY, GARY D CPA 2455 E. SUNRISE BLVD. STE. 1205 FT. LAUDERDALE FL 33304																																																																																																					
7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____																																																																																																					
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 <u>Nate Moore</u> DATE <u>2-28-08</u> Signature, typed or printed name of registered agent and state of incorporation. (NOTE: Registered Agent signature required when transferring to another state.)																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: center;">☒ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☒ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☒ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☒ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	☒ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	☒ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS						CITY-ST-ZIP						TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS						CITY-ST-ZIP					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 provided by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or in an attachment with an address, with all other like employment.																																																																																																					
SIGNATURE: <u>Nate Moore</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																					

