2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# P07000073898

Entity Name: NEVADA SHOW ORCHESTRA, INC

Current Principal Place of Business:

205 NW 8TH. AVE.
103
HALLANDALE, FL 33009

New Principal Place of Business:

12350 NW 11 CT
PEMBROKE PINES, FL 33026

Current Mailing Address:

205 NW 8TH. AVE.
103
HALLANDALE, FL 33009

New Mailing Address:

12350 NW 11 CT
PEMBROKE PINES, FL 33026

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JIMENEZ, SOLISBELLA T
205 NW 8TH. AVE.
103
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

JIMENEZ, SOLISBELLA T
12350 NW 11 CT
PEMBROKE PINES, FL 33026 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: SOLISBELLA JIMENEZ 04/09/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GARCIA, JUAN C
Address: VICTORIA AVE. AVENTINO BLDG. # 12
City-St-Zip: CARACAS, DF 1040 VE

Title: VP ( ) Delete
Name: GAGLIARDI, AMERICO
Address: VICTORIA AVE. AVENTINO BLDG. # 12
City-St-Zip: CARACAS, DF 1040 VE

Title: D ( ) Delete
Name: VELASQUEZ, JOSE D
Address: 205 NW. 8TH AVE. #103
City-St-Zip: HALLANDALE, FL 33009 US

Title: D ( ) Delete
Name: GARCIA, MARCELO J
Address: VICTORIA AVE. AVENTINO BLDG. # 12
City-St-Zip: CARACAS, DF 1040 VE

Title: D ( ) Delete
Name: GAGLIARDI, GIUSEPPE A
Address: VICTORIA AVE. AVENTINO BLDG. # 12
City-St-Zip: CARACAS, DF 1040 VE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: VELASQUEZ, JOSE D
Address: 12350 NW 11 CT
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOSE VELASQUEZ S 04/09/2008
Electronic Signature of Signing Officer or Director Date