## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000092362

Entity Name: NA/SA INVESTMENT GROUP, INC.

FILED Apr 30, 2008 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

5178 PEPPERCORN STREET 4686 LILLIAN AVE

PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418

**Current Mailing Address: New Mailing Address:** 

5178 PEPPERCORN STREET P.O. BOX 31055

PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 334201055

FEI Number: 22-3967682 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:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

4686 LILLIAN AVE PALM BEACH GARDENS, FL 33418 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.

RAIMONDI, SR., SALVATORE R

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

SIGNATURE: SALVATORE R. RAIMONDI, SR. 04/30/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

DPST ( ) Delete Title: (X) Change ( ) Addition

Title: VICTORIA-VARGAS, NANCY VARGAS, NANCY V Name: Name: 5178 PEPPERCORN STREET 5178 PEPPERCORN STREET Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: () Delete Title: ( ) Change (X) Addition RAIMONDI, SR., SALVATORE R Name: Name:

Address: P.O. BOX 31055 Address:

PALM BEACH GARDENS, FL 334201055 City-St-Zip: 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: SALVATORE R. RAIMONDI, SR. 04/30/2008 DT