2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P07000117176

1. Entity Name

NATIONALAW CORPORATION



Principal Place of Business Mailing Address

2514 HOLLYWOOD BLVD

2514 HOLLYWOOD BLVD

FILED Feb 15, 2008 8:00 am Secretary of State

02-15-2008 90012 028 ***150.00

SUITE 308 HOLLYWOO	DD FL 33020)	SUITE 308 HOLLYWOOD I	SUITE 308 HOLLYWOOD FL 33020							
2. Principal P	lace of Busin	ess - No P.C. Box #	3. Mailing Addres	3. Mailing Address							
Suire, Apt.	#, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.			t MOORE	CR2E034	(10/07)		
City & State			City & State	City & State			4. FE: Number 13 436 7129 Applied For Not Applicable				
Zıp		Country	Zip Co		ntry	5. Certificate	of Status Desired		8.75 Add ee Required		
	6. Name	and Address of Curre	nt Registered Agent	7. Name and Address of New Registered Agent							
				Name							
6363	RTMAN & 3 TAFT S FE 205	HARTMAN, PA TREET			Street Address (P.O. Box Number is Not Acceptable)						
		D FL 33024					***				
·					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 Signature, typed or primed name of regulated board and title 1 applicable. (NOTE Registree Agont argument when constituting 1 DATE											
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 Camp Trust Fund Cor	-		00 May Be d to Fees	
10.		OFFICERS AI	ND DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	FICERS AND	DIRECTORS	N 11	
TITLE	P Delete				E				☐ Change	Addition	
NAME	MYERS, JONATHAN S				AE						
STREET ADDRESS City-St-Zip					EFT ADDRESS 7-ST-ZIP						
TITLE	HOLLING	0012 00020	□ De						☐ Change	Addition	
NAME				fiAi					Onlings	rudition	
STREET ADDRESS				STA	EET ADDRESS						
CITY-ST-ZIP				ст	Y-S1-ZIF						
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STREET ADDRESS					EET ADDRESS				_		
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CITY-ST-ZIP					Y-S1-ZIP				_		
TITLE			☐ Dei						☐ Change	Addition	
NAME Street address				NAI STS	ME EET ADERESS		بالمحوالة فالجور	. .			
CITY-ST-ZIP					Y-ST-ZIP						
	cortify that th	e information supplied	with this filing does not	L		ned in Section 1:	10 Florida Statutas	I further cert	ify that the i	ntormation	

I hereby certify that the information subplied with this filling does not qualify for the exemptions contained in Section 1.19, Florida Statutes. I furner 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 by 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 line empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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