

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000008421

Entity Name: NILS-786 CORPORATION

**FILED**  
**Apr 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

680 MAIN STREET  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

680 MAIN STREET  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

FEI Number: 26-1803724

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KACHHI, FIROZ  
680 MAIN STREET  
SAFETY HARBOR, FL 34695 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KACHHI, NILOUFER  
Address: 15601 EASTBOURN DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: VP  
Name: KACHHI, NILOUFER  
Address: 15601, EASTBOURN DRIVE  
City-St-Zip: ODESSA, FL 33556 US

I hereby 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 all other like empowered.

SIGNATURE: NILOUFER KACHHI

P

04/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date