## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P10000013849

Entity Name: NEXUS AML SYSTEMS INC

FILED Feb 03, 2012 Secretary of State

| Current Principal Place of Business:   |                                  | New Principal Place of        | New Principal Place of Business:  |  |
|--|----------------------------------|-------------------------------|-----------------------------------|--|
| 7401 NW 85TH STREET<br>102   |                                  |                               |                                   |  |
| TAMARAC, FL 33321  | US                               |                               |                                   |  |
| Current Mailing Address:   |                                  | New Mailing Address:          |                                   |  |
| 7401 NW 85TH STREET<br>102   |                                  |                               |                                   |  |
| TAMARAC, FL 33321  | US                               |                               |                                   |  |
| FEI Number: 27-1916457   | 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:  |                                  |                               | lew Registered Agent:             |  |
| SANCLEMENTE, HARRISON A<br>8020 HAMPTON BLVD<br>410  |                                  |                               |                                   |  |
| NORTH LAUDERDALE, FL 33068 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:   |                                  |                               |                                   |  |
| Electror   | nic Signature of Registered Ager | nt                            | Date                              |  |
|  |                                  |                               |                                   |  |
| OFFICERS AND DIREC   | TORS:                            |                               |                                   |  |

Title:

Name: SANCLEMENTE, HARRISON A
Address: 8020 HAMPTON BVD APT 410
City-St-Zip: NORTH LAUDERDALE, FL 33068 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: HARRISON SANCLEMENTE P 02/03/2012