2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 09, 2008 8:00 am Secretary of State DOCUMENT # P93000041853 01-09-2008 90010 033 ***158.75 N.G.S. ENTERPRISES, INC. 400000 Principal Place of Business Mailing Address 5701 S.W. 134TH AVE. 5701 S.W. 134TH AVE. DAVIE, FL 33330 DAVIE, FL 33330 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01072008 Chg-P City & State City & State 4. FEI Number Applied For 65-0424663 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STERN, MARK Street Address (P.O. Box Number is Not Acceptable) 2424 N FEDERAL HWY **STE 454** BOCA RATON, FL 33431 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 printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE Addition Delete SERAYDAR, NANCY NAME NAME 5701 HUNTER LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33330** CITY-ST-ZIP D/VP Delete Addition TITLE TITLE Change SERAYDAR, CHARLES NAME NAME STREET ADDRESS 5701 HUNTER LN STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33330** CITY-ST-7IP Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment n address, with all

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