


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90035 037 ***150.00

DOCUMENT # P93000063529			
1. Entity Name NERU CORPORATION			
Principal Place of Business 6000 SOUTHWEST 8TH STREET MIAMI, FL 33144		Mailing Address 6000 SOUTHWEST 8TH STREET MIAMI, FL 33144	
2. Principal Place of Business 641 S.W. 64 AVE Suite, Apt. #, etc.		3. Mailing Address 641 S.W. 64 AVE Suite, Apt. #, etc.	
City & State MIAMI- FL.		City & State MIAMI- FL.	
Zip 33144	Country USA	Zip 33144	Country USA
6. Name and Address of Current Registered Agent MORELL, INOCENTE R 6000 S.W. 8 ST MIAMI, FL 33144		7. Name and Address of New Registered Agent Name: MORELL, INOCENTE Street Address (P.O. Box Number is Not Acceptable): 641 S.W. 64 AVE City: MIAMI FL Zip Code: 33144	
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: <i>Burton Spall</i> (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, MORELL, NELLIE 6000 SW 85TH ST MIAMI, FL 33144 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NANCY MORELL ESCLOPIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1845 N.W. 10 ST. DELRAY BEACH- FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with an address, with all other like empowers.			
SIGNATURE: <i>Burton Spall</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		02/16/05 Date Daytime Phone #	

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01152005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0437851 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required