

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90029 033 ***150.00

DOCUMENT # P93000081479

1. Entity Name

NEBU CORPORATION



Principal Place of Business

12740 SW 4TH COURT #210
PEMBROKE PINES FL 33027
US

Mailing Address

12740 SW 4TH COURT #210
PEMBROKE PINES FL 33027
US

2. Principal Place of Business

12750 S.W. 4TH COURT

Suite, Apt. #, etc.

#210

City & State

PEMBROKE PINES FL

Zip
33027

Country
U. S. A.

3. Mailing Address

12750 S.W. 4TH COURT

Suite, Apt. #, etc.

#210

City & State

PEMBROKE PINES FL

Zip
33027

Country
USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0458891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEBULONI, EDUARDO E
12750 SW 4TH COURT #210
PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
NEBULONI, EDUARDO
12750 SW 4TH COURT #210
PEMBROKE PINES FL 33027

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SVD
NEBULONI, SUSANA R
12750 SW 4TH COURT #210
PEMBROKE PINES FL 33027

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 with an address, with all other like empowered.

SIGNATURE:

EdUARDO NEBULONI EDUARDO NEBULONI MARCH 3/06 305 542 6464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #