

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90015 031 \*\*\*150.00

DOCUMENT # P93000081479

1. Entity Name

NEBU CORPORATION



Principal Place of Business

12750 SW 4TH CT  
SUITE 210  
PEMBROKE PINES FL 33027  
US

Mailing Address

12750 SW 4TH CT  
SUITE 210  
PEMBROKE PINES FL 33027  
US



2. Principal Place of Business - No P.O. Box #

12750 S.W. 4TH CT.

3. Mailing Address

12750 S.W. 4TH CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 301

SUITE 301

City & State

City & State

PEMBROKE PINES FL.

PEMBROKE PINES FL.

Zip

Country

Zip

Country

33027

U.S.

33027

U.S.

1st MOORE

CR2E034 (10/06)

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  
PENBROKE 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 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	P	<input type="checkbox"/> Delete
NAME	NEBULONI, EDUARDO	
STREET ADDRESS	12750 SW 4TH COURT #210	
CITY - ST - ZIP	PEMBROKE PINES FL 33027	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	NEBULONI, SUSANA R	
STREET ADDRESS	12750 SW 4TH COURT #210	
CITY - ST - ZIP	PEMBROKE PINES FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	12750 S.W. 4TH COURT #301
CITY - ST - ZIP	PEMBROKE PINES FL. 33027
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	12750 S.W. 4TH COURT #301
CITY - ST - ZIP	PEMBROKE PINES FL. 33027
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EDUARDO NEBULONI FEB-21-07 305-542-6464