

FILED
Apr 04, 2005 8:00 am
Secretary of State

03-04-2005 90074 031 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000018287			
1. Entity Name NELANA CORPORATION			
Principal Place of Business 2390 SW 76 ST HIALEAH, FL 33016 US		Mailing Address 2390 SW 76 ST HIALEAH, FL 33016 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent HERNANDEZ, NELSON 2390 W 76 ST HIALEAH, FL 33016		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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD HERNANDEZ, NELSON 8936 NW 112 ST HIALEAH, FL 33018 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT ☒ Change ☐ Addition 3807 SW 165 TERR MIRAMAR FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD NAZAHUO, HERNAN 7881 NW 169 TERR MIAMI LAKES, FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V. PRESIDENT ☒ Change ☐ Addition NARANJO, HERNAN 7881 NW 169 TERR MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V. PRESIDENT ☐ Change ☒ Addition HERNANDEZ, ANA 3807 SW 165 TERR MIRAMAR FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V. PRESIDENT ☐ Change ☒ Addition HERNANDEZ, ISABEL C. 7881 NW 169 TERR MIAMI LAKES FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 empowered.			
SIGNATURE: _____ SIGNATURE OF OFFICER OR DIRECTOR		03/01/05 Date Daytime Phone #	