

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000020660

1. Entity Name  
N G M, INC.



Principal Place of Business  
895 FOX VALLEY DR.  
SUITE 113  
LONGWOOD, FL 32779

Mailing Address  
895 FOX VALLEY DR.  
SUITE 113  
LONGWOOD, FL 32779



04042006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3230555

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MELENDEZ, GERADO  
2471 JENNIFER HOPE BLVD.  
LONGWOOD, FL 32779

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000506654  
04/27/06-00031-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MELENDEZ, GERADO  
2471 JENNIFER HOPE BLVD.  
LONGWOOD, FL 32779

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VST  
GERENAN, NICHOLAS  
209 WESSEX RD.  
ALDOMONTE SPRINGS, FL 32714

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/06

(407) 788-3451