2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# P94000045006

Entity Name: NEPALBA INVESTMENTS, INC.

Current Principal Place of Business:

4851 NW 103 AVENUE
55 C
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

2755 KINSINGTON CIRCLE
WESTON, FL 33332 US

New Mailing Address:

FEI Number: 65-0506444 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REBOREDO, GASTON
2566 JARDIN WAY
WESTON, FL 33327 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ACOSTA, ALBA D
Address: 2755 KINSINGTON CIRCLE
City-St-Zip: WESTON, FL 33332

Title: VPDS ( ) Delete
Name: ACOSTA, NELSON
Address: 2755 KINSINGTON CIRCLE
City-St-Zip: WESTON, FL 33332

Title: AVP ( ) Delete
Name: REBOREDO, GASTON
Address: 2566 JARDIN WAY
City-St-Zip: WESTON, FL 33327

Title: AVP ( ) Delete
Name: REBOREDO, REBECA
Address: 2566 JARDIN WAY
City-St-Zip: WESTON, FL 33329

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON ACOSTA VPDS 01/09/2009

Electronic Signature of Signing Officer or Director Date