


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90034 039 ***150.00

DOCUMENT # P94000058894	
1. Entity Name NUSOL PROPERTIES, INC.	

Principal Place of Business 2121 PONCE DE LEON BLVD SUITE 1000 CORAL GABLES, FL 33134	Mailing Address P.O. BOX 144084 CORAL GABLES, FL 33114
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 6750 SW 122 DR	3. Mailing Address Suite, Apt. #, etc. PO BOX 144084
City & State PINECREST, FL	City & State CORAL GABLES FL
Zip 33156	Country US
Zip 33114	Country US



01202007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0511113	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PANDO, ADA B 2121 PONCE DE LEON BLVD SUITE 1000 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name PANDO, ADA B. Street Address (P.O. Box Number is Not Acceptable) 6750 SW 122 DR City PINECREST, FL Zip Code 33156
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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 *ADA B Pando* *ms* *1/20/07*
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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PANDO, ADA B % 2121 PONCE DE LEON BLVD SUITE 1000 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PANDO, ADA B 5290 ALHAMBRA CIR Ste A CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *ADA B Pando* *ADA B PANDO, INC.* *1/20/07* *305 332 0455*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #