

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000078482

Entity Name: N.P.A. ENTERPRISES, INC.

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5656 FLAMINGO ROAD  
COOPER CITY, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

5656 FLAMINGO ROAD  
COOPER CITY, FL 33330

**New Mailing Address:**

FEI Number: 65-0535626

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIFALCO, MATILDE M  
5656 FLAMINGO ROAD  
COOPER CITY, FL 33330 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DIFALCO, MATILDE  
Address: 5656 FLAMINGO RD.  
City-St-Zip: COOPER CITY, FL 33330

Title: VP  
Name: DIFALCO, JOSEPH JR  
Address: 5656 FLAMINGO RD  
City-St-Zip: COOPER CITY, FL 33330

Title: VP2  
Name: DIFALCO, DAVID M  
Address: 56560 FLAMINGO00 RD  
City-St-Zip: COOPER CITY, FL 33330

Title: VP3  
Name: DIFALCO, JACLYN R  
Address: 56560 FLAMINGO00 RD  
City-St-Zip: COOPER CITY, FL 33330

I hereby 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 all other like empowered.

SIGNATURE: MATILDE DIFALCO

P

03/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date