


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000048435 1. Entity Name NATIONAL ADJUSTMENT CORPORATION	
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Principal Place of Business 3909 N.E. 163 STREET SUITE 305 N. MIAMI BEACH, FL 33160	Mailing Address 3909 N.E. 163 STREET SUITE 305 N. MIAMI BEACH, FL 33160
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04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0633016	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRIMSLEY, CHARLES 3909 N.E. 163 STREET 3RD FLOOR N. MIAMI BEACH, FL 33160

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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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRILLO, RICHARD JR. 3909 NE 163 ST 3RD FL N. MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRILLO, MICHAEL 3909 NE 163RD ST, 3RD FLOOR N. MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERRER, JUAN 3909 N.E. 163 STREET, 3RD FLOOR N. MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRILLO, RICHARD SR. 3909 N.E. 163 STREET, 3RD FLOOR N. MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRILLO, BEAU 3909 N.E. 163 STREET, 3RD FLOOR N. MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRIMSLEY, CHARLES J 3909 NE 163RD ST, 3RD FLOOR N. MIAMI BEACH, FL 33160

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05/22/07-80003-022 150.00

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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: Charles J. Grimsley **CHARLES J. GRIMSLEY** 4/30/07 (305) 947-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #