

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000088151

1. Entity Name
NISFI, INC.



Principal Place of Business
301 E PINE STREET
SUITE 1400
ORLANDO, FL 32801

Mailing Address
301 E PINE STREET
SUITE 1400
ORLANDO, FL 32801

FILED
May 02, 2006 08:00 AM
Secretary of State



04212006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3344228

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHIUSOLO, ERIC
301 E PINE STREET
SUITE 1400
ORLANDO, FL 32801

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MONTANER, PEDRO
301 E PINE STREET SUITE 1400
ORLANDO, FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MONTANER, PEDRO JR.
7662 BEACH BLVD
BUENA PARK, CA 90620

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
CHIUSOLO, ERIC
7662 BEACH BLVD
BUENA PARK, CA 90620

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KIM, KENNETH
7662 BEACH BLVD
BUENA PARK, CA 90620

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000558812
05/17/06-80112-008 150.00

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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 #