## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 01, 2006 8:00 am Secretary of State **DOCUMENT # P96000073762** 1. Entity Name 05-01-2006 90289 012 \*\*\*150.00 NRD GROUP, INC. Principal Place of Business Mailing Address ONE SE 3RD AVENUE ONE SE 3RD AVENUE SUITE 3100 MIAMI FL 33131 **SUITE 3100** MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0700398 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEHAR, SABY Street Address (P.O. Box Number is Not Acceptable) ONE SÉ 3RD AVENUE **SUITE 3100 MIAMI FL 33131** Zip Code 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 harne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ASC THE TITLE ☐ Change Addition KENNEDY, JAMES NAME NAME ONE SE 3RD AVENUE, SUITE 3100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition BEHAR, SABY HAME STREET ADDRESS ONE SE 3RD AVENUE, SUITE 3100 STREET ADDRESS CITY-ST-7IP **MIAMI FL 33131** CITY-ST-ZIP THIE ☐ Delete Addition NAME TRACY, GRANVIL NAME STREET ADDRESS STREET ADDRESS ONE SE 3RD AVENUE, SUITE 3100 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME, JARVIS, BRUCE R NAME STREET ADDRESS ONE SE 3RD AVENUE, SUITE 3100 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing that so to qualify for the exemptions contained in Section 1.19. 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 impowered 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.

**FILED** 

Daytime Phone #