

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-01-2007 90009 028 ***150.00

DOCUMENT # P96000073762

1. Entity Name
NRD GROUP, INC.



Principal Place of Business

ONE SE 3RD AVENUE
SUITE 3100
MIAMI, FL 33131 US

Mailing Address

ONE SE 3RD AVENUE
SUITE 3100
MIAMI, FL 33131 US

DO NOT WRITE IN THIS SPACE

02012007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0700398

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BEHAR, SABY
ONE SE 3RD AVENUE
SUITE 3100
MIAMI, FL 33131

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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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DVS
NAME BEHAR, SABY
STREET ADDRESS ONE SE 3RD AVENUE, SUITE 3100
CITY-ST-ZIP MIAMI, FL 33131

TITLE DP
NAME TRACY, GRANVIL
STREET ADDRESS ONE SE 3RD AVENUE, SUITE 3100
CITY-ST-ZIP MIAMI, FL 33131

TITLE DVT
NAME JARVIS, BRUCE R
STREET ADDRESS ONE SE 3RD AVENUE, SUITE 3100
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

4/24/07

Date

305-350-1901

Daytime Phone #