

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90192 002 \*\*\*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



2. Principal Place of Business - No P.O. Box #

800 Brickell Ave.

3. Mailing Address

800 Brickell Ave

Suite, Apt. #, etc.

PH 1

Suite, Apt. #, etc.

PH 1

City & State

Miami FL

City & State

Miami FL

Zip

33131

Country

US

Zip

33131

Country

US

1st MOORE

CR2E034 (10/07)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

800 Brickell Ave PH 1

City

Miami

FL

Zip Code

33131

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 state if applicable.

(NOTE: Registered Agent signature required when remaining)

DATE

**FILE NOW!!! - FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 800 BRICKELL AVE PH 1  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 800 BRICKELL AVE PH 1  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 800 BRICKELL AVE PH 1  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

GRANVIL TRACY

5/14/08

305-350-144

Date

Daytime Phone #