

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000089997

FILED
Apr 20, 2009
Secretary of State

Entity Name: NELCO TESTING AND ENGINEERING SERVICES, INC.

Current Principal Place of Business:

13370 SW 131ST STREET
SUITE 105
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560087
MIAMI, FL 332560087 US

New Mailing Address:

FEI Number: 65-0714942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTA, JORGE R ESQ
13370 SW 131 STREET
SUITE 105
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ORTA, NELSON
Address: 6235 SW 112TH STREET
City-St-Zip: MIAMI, FL 33156

Title: S () Delete
Name: ORTA, NELSON
Address: 6235 SW 112 STREET
City-St-Zip: MIAMI, FL 33156 US

Title: VP () Delete
Name: GARCIA, RICHARD P.E.
Address: 9240 W. CALUSA CLUB DRIVE
City-St-Zip: MIAMI, FL 33186 US

Title: VP () Delete
Name: BATISTA, ULYSSES
Address: 15601 SW 137 AVENUE, APT. 306
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON ORTA

P

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date