

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000017829

FILED
Jan 06, 2006
Secretary of State

Entity Name: NILTON LINS AMERICAN INSTITUTE CORP.

Current Principal Place of Business:

8278 NW 66TH STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8278 NW 66TH STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-0740707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUES, MANUEL S
8278 NW 66TH STREET
MIAMI, FL 33166 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: LINS, MARIA ALICE V
Address: 9465 NW 54TH DORAL TERR.
City-St-Zip: MIAMI, FL 33178

Title: V () Delete
Name: LINS, NILTON COSTA JR
Address: 9465 NW 54TH DORAL TERR.
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: LINS DE QUEIROZ, GISELLE
Address: 9465 NW 54TH DORAL TERR
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: LINS, EMMANUELLE G
Address: 9465 NW 54TH DORAL TERR
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: LINS, MICHELLE COSTA
Address: 9465 NW 54TH DORAL TERR.
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: RODRIGUES, MANUEL SILVA
Address: 8278 NW 66TH STREET
City-St-Zip: MIAMI, FL 33166

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:

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 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: MANUEL RODRIGUES

MR

01/06/2006

Electronic Signature of Signing Officer or Director

Date