2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State
02-05-2007 90106 032 ***150.00

DOCUMENT # P97000018087

1. Entity Name
LAW OFFICES OF IRINA NEMTSEV, P.À.

Principal Place of Business	Mailing Address
1920 E HALLANDALE BEACH BLVD SUITE 903 HALLANDALE, FL 33009	1920 E HALLANDALE BEACH BLVD SUITE 903 HALLANDALE, FL 33009

60011943

02022007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1920 E. Hallandale Beach Blvd.	1920 E. Hallandale Beach Blvd.
Suite, Apt. #, etc. Suite 608	Suite, Apt. #, etc. Suite 608
City & State Hallandale, FL 3	City & State Hallandale, FL
Zip 33009 Country	Zip 33009 Country

4. FEI Number 65-0730580 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NEMTSEV, IRINA ESQ
2101 ATLANTIC SHORES BLVD
#205
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

Name IRINA NEMTSEV ESQ.
Street Address (P.O. Box Number is Not Acceptable) 1920 E. Hallandale Beach Blvd
#608
City Hallandale Beach FL Zip Code 33009

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] Irina Nemtsev Esq 02-02-07
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NEMTSEV, IRINA 2101 ATLANTIC SHORES BLVD., #205 HALLANDALE, FL 33009	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NEMTSEV, IRINA 1920 E. Hallandale Beach Blvd, #608 Hallandale, FL 33009	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] Irina Nemtsev 02-02-07 (954) 458-7185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #