


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

5/ **Jun 21, 2006 8:00 am**
Secretary of State

05-04-2006 90239 039 ***158.75

DOCUMENT # P97000070454 1. Entity Name NW 145 CORPORATION	
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Principal Place of Business 16105 NE 18 AVE NORTH MIAMI BEACH, FL 33162	Mailing Address 16105 NE 18 AVE NORTH MIAMI BEACH, FL 33162
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66040103



DO NOT WRITE IN THIS SPACE

02132008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0775439	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RONES, VICTOR
16105 N.E. 18TH AVENUE
MIAMI BEACH, FL 33162

**DO NOT WRITE
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 state if applicable (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MILLMAN, HARRIS 16105 N.E. 18TH AVENUE MIAMI BEACH, FL 33162
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**DO NOT WRITE
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:  Harris Millman 6/16/06 305992-6445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #