## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P97000070454

1. Entity Name

**NW 145 CORPORATION** 



FILED Apr 17, 2008 08:00 Al Secretary of State

				OD WE THE				
Principal Plan	ce of Business	Mailing Address	·					
16105 NE 18 AVE		16105 NE 18 AVE						
NORTH MIA	AMI BEACH FL 33162	NORTH MIAMI BE	ACH FL 3316	62				
2. Principal I	Place of Business - No P.C. Box #	3. Mailing Address			-			D)D)481   F 3881
Suite, Apt. #, etc.		Suite, Apt. #, etc			1:	st MOORE CR2E0	34 (10/07)	
City & State		City & State		4. FEI Numi	65-0775439	<del></del>	Applied For Not Applicable	
Zıp	Country	Zıp	Country		5. Certificat	e of Status Desired	\$8.75 A	
	6. Name and Address of Curre	nt Registered Agent			7. Name an	d Address of New Registere	d Agent	***************************************
	•			Name				
161	NES, VICTOR 05 N.E. 18TH AVENUE MI BEACH FL 33162		Street Address (		(P.O. Box Number is Not Acceptable)			
I VIII	WII BEACHTE SOTOE							
				City		F	Zip Co	ode
	anamed entity submits this statement tions of registered agent.	for the purpose of changing	ng its registere	d office or regist	ered agent, or c	oth, in the State of Florida, Ta	m familiar with	h, and accept
SIGNATURE	Signature, typed or printed name of requirement no	int a intitle it implicable	(NOTE Registrate)	Agort e grantam reguir	red when remanding)	DAT		<del></del>
After	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be S550.0 k Payable to Florida Department	00 # f l				9. Election Campaign Fina Trust Fund Centribution.	- · · · · · · · · · · · · · · · · · · ·	5.00 May Be ded to Fees
10.	mind a section of the first term of the section of	D DIRECTORS	11.		ADDITIONS	 3/CHANGES TO OFFICERS A	ND DIRECTO	PS IN 11
TITLE	DPS	Darete	IM F		ADDITIONS	STORINGES TO OFFICERS A	Change	
NAME	MILLMAN, HARRIS		NAME			H0000090338;	*******	*******
STREET ADDRESS	16105 N.E. 18TH AVENUE		STREE	T ADDRESS		U0000090338; 04/30/08-80043	-024 150	0.00
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NAME		LI DARGE	NAME				El change	L. Addition
STREET ADDRESS	İ		07045	7 4000000				

12. Thereby certify that the information supplies 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 suppliemental port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficer or director of the corporation or the receiver or flustee 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 423-1637

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