

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90094 050 ***150.00

DOCUMENT # P98000081424

1. Entity Name
NISKER U.S.A., INC.



Principal Place of Business
**10175 COLLINS AVENUE #702
BAL HARBOUR, FL 33154**

Mailing Address
**18205 BISCAYNE BLVD
SUITE 2226
AVENTURA, FL 33160 US**

40073201



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-0876125

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRAMNICK, MARIO ESQ.
9050 PINES BOULEVARD
SUITE 366
PEMBROKE PINES, FL 33024**

Name **BRAMNICK, MARIO ESQ.**
Street Address (P.O. Box Number is Not Acceptable) **12401 ORANGE DRIVE**
Suite **SUITE 218**
City **DAVIE** FL Zip Code **33330**

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 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 :

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
NISKER, DAVID
10175 COLLINS AVENUE #702
BAL HARBOUR, FL 33154** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
NISKER, JOYCE
1455 SHERBROOKE ST WEST MEZZ 200
MONTREAL, QUEBEC, h3g 1l2** ☐ Delete

TITLE
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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 prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, which is not the one empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joyce Nisker

Apr 10/07

514-939-7213