## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## May 03, 2005 8:00 am Secretary of State **DOCUMENT # P98000086095** 1. Entity Name 05-03-2005 90066 030 \*\*\*150.00 NIBRAKA GLOBAL, INC. Principal Place of Business Mailing Address 1042 BERKLEY ROAD 1042 BERKLEY ROAD AUBURNDALE FL 33823 US AUBURNDALE FL 33823 2. Principal Place of Business 4342 Thomas wood by Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number 38 362+1334 City & State City & State Applied For Flondo Winter Havon Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATEL, NILKANTHRAY A Street Address (P.O. Box Number is Not Acceptable) 1042 BERKLEY ROAD **AUBURNDALE FL 33823** City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete THE ☐ Change ☐ Addition PATEL, NILKANTH NAME NAME STREET ADDRESS 4342 THOMASWOOD LANE EAST STREET ADDRESS WINTER HAVEN FL 33880 CITY-ST-ZIP CITY-ST-ZIP STD TITLE ☐ Delete ☐ Change ☐ Addition PATEL, VAISHAKHA NAME NAME STREET ADDRESS 4342 THOMASWOOD LANE EAST STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33880 CITY-ST-ZIP TITLE .... Delete TITLE ☐ Change [ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

FILED