2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000042659

Entity Name: NBRLK, INC.

FILED Nov 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4306 ALTON ROAD MAIMI BEACH, FL 33140

Current Mailing Address: New Mailing Address:

4306 ALTON ROAD MAIMI BEACH, FL 33140

FEI Number: 65-0919831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLAUSTEIN, DONNA R ESQ. BLAUSTEIN, DONNA R ESQ. 20803 BISCÁYNE 20900 N.E. 30TH AVE SUITE 200 SUITE 403 AVENTURA, FL 33180 US AVENTURA, FL 33180 US

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.

Title:

SIGNATURE: DONNA R. BLAUSTEIN 11/21/2007

> Electronic Signature of Registered Agent Date

> > Title:

DR

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition BLAUSTEIN, ARNOLD S BLAUSTEIN, ARNOLD S Name: Name: 4306 ALTON ROAD 4306 ALTON ROAD Address: Address:

City-St-Zip: MAIMI BEACH, FL 33140 City-St-Zip: MAIMI BEACH, FL 33140

() Delete (X) Change () Addition Name: LUTZKY, JOSE Name: LUTZKY, JOSE 4306 ALTON ROAD 4306 ALTON ROAD Address: Address: MAIMI BEACH, FL 33140 MAIMI BEACH, FL 33140 City-St-Zip: City-St-Zip:

() Delete Title: Title: DR (X) Change () Addition

KRILL-JACKSON, ELISA A KRILL-JACKSON, ELISA A Name: Name: 4306 ALTON ROAD 4306 ALTON ROAD Address: Address: City-St-Zip: MAIMI BEACH, FL 33140 City-St-Zip: MAIMI BEACH, FL 33140

Title: () Delete Title: DR () Change (X) Addition

PIZZOLATO, JOSEPH F Name: Name: Address: Address: 4306 ALTON ROAD City-St-Zip: City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH F. PIZZOLATO, M.D. DIR 11/21/2007