2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000045449

1. Entity Name
NATIONAL BOARD OF TRADE,INC

Principal Place of Business
1010 SOUTH OCEAN BLVD.
POMPANO BEACH, FL 33062

Mailing Address
1010 SOUTH OCEAN BLVD.
POMPANO BEACH, FL 33062

01192005 No Chg-P CR2E034 (10/03)

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4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CALEVAS, HARRY P
1010 SOUTH OCEAN BLVD.
SUITE 803
POMPANO BEACH, FL 33062

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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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CALEVAS, HARRY P
STREET ADDRESS	1010 S OCEAN BLVD APT803
CITY, ST, ZIP	POMPANO BEACH, FL 33062
TITLE	T
NAME	WHITE, HEATHER
STREET ADDRESS	1010 S OCEAN BLVD APT 803
CITY, ST, ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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NAME	
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CITY, ST, ZIP	

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

SIGNATURE: HARRY P. CALEVAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #