

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000062631

Entity Name: NEMAC INDUSTRIES, INC.

FILED
Apr 26, 2009
Secretary of State

Current Principal Place of Business:

14660 S.W. 93RD LANE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

14660 S.W. 93RD LANE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-0942602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEOD, NEIL
14660 S.W. 93RD LANE
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: MCLEOD, TARA-SIMONE
Address: 536 14TH STREET #205
City-St-Zip: MIAMI BEACH, FL 33139

Title: DPC () Delete
Name: MCLEOD, NEIL
Address: 14660 SW 93RD LANE
City-St-Zip: MIAMI, FL 33186

Title: DS () Delete
Name: MCLEOD, TAMARA
Address: 6691 SOUTHWELL DRIVE
City-St-Zip: FORT MYERS, FL 33966

Title: DV () Delete
Name: MCLEOD, GLORIA
Address: 19641 STERLING DRIVE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: MCLEOD, TARA-SIMONE
Address: 14660 SW 93RD LANE
City-St-Zip: MIAMI, FL 33186

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NEIL MCLEOD

DPC

04/26/2009

Electronic Signature of Signing Officer or Director

Date