

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000111324

1. Entity Name
NFD INVESTMENTS, INC.



Principal Place of Business

420 COLUMBIA DRIVE
SUITE # 110
WEST PALM BEACH, FL 33409

Mailing Address

420 COLUMBIA DRIVE
SUITE # 110
WEST PALM BEACH, FL 33409



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0973251

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PILOTTE, FRANK T
340 ROYAL PALM WAY, SUITE 100
PALM BEACH, FL 33480

**DO NOT WRITE
IN THIS SPACE**

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 re-issuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME SELLARI, GARY B
STREET ADDRESS 420 COLUMBIA DRIVE SUITE #110
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE D
NAME FENG, FRANK D
STREET ADDRESS 420 COLUMBIA DRIVE SUITE #110
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE D
NAME GRAVES, DEBORAH F
STREET ADDRESS 14590 CRAZY HORSE LANE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000738866
01/22/08-80002-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-14-08