

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # S65328

1. Entity Name
NATIONAL OPINION RESEARCH SERVICES, INC.



Principal Place of Business

790 NW 107TH AVE.
SUITE 110
MIAMI, FL 33172

Mailing Address

790 NW 107TH AVE.
SUITE 110
MIAMI, FL 33172 US



03152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0272088

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLAPP, DANIEL E.
790 NW 107 AVENUE
SUITE 110
MIAMI, FL 33172

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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 reinstating)

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

U000000894344
04/24/08-80025-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	CLAPP, LUZ M
STREET ADDRESS	790 NW 107TH AVENUE, SUITE 110
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	PS
NAME	CLAPP, DANIEL E SR.
STREET ADDRESS	790 NW 107TH AVENUE, SUITE 110
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #