

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S68447**

1. Entity Name  
NBN-OPH, INC.



Principal Place of Business  
500 E BROWARD BLVD.  
S-1950  
FT. LAUDERDALE, FL 33394

Mailing Address  
500 E BROWARD BLVD.  
S-1950  
FT. LAUDERDALE, FL 33394



02242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0274461

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HAMAWAY, MICHAEL P  
C/O MOMBACH, BOYLE & HARDIN PA  
500 E BROWARD BLVD SUITE 1950  
FT. LAUDEDALE, FL 33394

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	KAMELHAIR, STEVEN R.
STREET ADDRESS	7260 SW 7TH ST.
CITY-ST-ZIP	PLANTATION, FL
TITLE	D
NAME	NEMEROFSKY, STEPHEN L.
STREET ADDRESS	6121 BANYON TERRACE
CITY-ST-ZIP	PLANTATION, FL
TITLE	D
NAME	ROLNICK, AUDIE M.
STREET ADDRESS	3497 DERBY LN
CITY-ST-ZIP	WESTON, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000491005  
04/19/06-80004-019 150.00

**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

Steven Kamelhair

2/27/06

Daytime Phone # \_\_\_\_\_