

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
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	



01082008 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)

1100000882278
04/16/08-30058-018 150.00

**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	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	

**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

3/11/08 954 797 4924

Date

Daytime Phone #