

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V18343

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** NETWORK PERFORMANCE INSTITUTE, INC.

**Current Principal Place of Business:**

2915 FLAMINGO DRIVE  
MIAMI, FL 33140 US

**New Principal Place of Business:**

259 GOLDEN BEACH DRIVE  
GOLDEN BEACH, FL 33160 US

**Current Mailing Address:**

2915 FLAMINGO DRIVE  
MIAMI, FL 33140 US

**New Mailing Address:**

259 GOLDEN BEACH DRIVE  
GOLDEN BEACH, FL 33160 US

**FEI Number:** 65-0332627

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEMZOW, MARTIN  
2915 FLAMINGO DRIVE  
MIAMI, FL 33140 US

**Name and Address of New Registered Agent:**

NEMZOW, MARTIN  
259 GOLDEN BEACH DRIVE  
GOLDEN BEACH, FL 33160 US

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: M NEMZOW

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NEMZOW, MARTIN  
Address: 259 GOLDEN BEACH DR  
City-St-Zip: GOLDEN BEACH, FL 33160

I hereby 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 all other like empowered.

SIGNATURE: M NEMZOW

PRES

04/30/2012

Electronic Signature of Signing Officer or Director

Date