


2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/ **FILED**
Jun 21, 2006 8:00 am
Secretary of State

05-04-2006 90239 040 ***158.75

DOCUMENT # V27743 1. Entity Name N.W. 750 CORPORATION	
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Principal Place of Business 16105 NE 18TH AVE. N MIAMI BCH., FL 33162	Mailing Address 16105 NE 18TH AVE. N MIAMI BCH., FL 33162
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66020102



02132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0330034	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RONES, VICTOR
16105 NE 18TH AVE.
N MIAMI BCH., FL 33162

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD MILLMAN, HARRIS 16105 NE 18TH AVE. N MIAMI BCH., FL
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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:  HARRIS MILLMAN 6/16/06 305-9926445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #