


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90005 031 \*\*\*158.75

DOCUMENT # V35541			
1. Entity Name NILI CORPORATION		Principal Place of Business 3201 NW 24TH STREET ROAD MIAMI, FL 33142	
Mailing Address 3201 NW 24TH STREET ROAD MIAMI, FL 33142		4. FEI Number 65-0337416	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MONOCANDELOS, JORDAN 3201 NW 24TH STREET ROAD MIAMI, FL 33142		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONOCANDELOS, JORDAN 3201 NW 24TH ST. RD. MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONOCANDELOS, THEODORA 3201 NW 24TH ST. RD. MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONOCANDELOS, EVANGELINA 3201 NW 24TH ST. RD MIAMI, FL 33142 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY EVANGELIA (LINA) MONOCANDELOS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3201 NW 24 ST RD MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONOCANDELOS, NICOLAS 3201 NW 24TH ST RD MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>JORDAN MONOCANDELOS</u>		Date: <u>01/11/07</u> Daytime Phone #: <u>305-633-7711</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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Applied For  
Not Applicable

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