

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P37987

**FILED**  
**Mar 15, 2013**  
**Secretary of State**  
**CC3660306894**

**Entity Name:** NW12 CORP.

**Current Principal Place of Business:**

4710 EISENHOWER BOULEVARD  
SUITE C-1  
TAMPA, FL 33634

**Current Mailing Address:**

4710 EISENHOWER BOULEVARD  
SUITE C-1  
TAMPA, FL 33634

**FEI Number:** 59-3110484

**Certificate of Status Desired:** No

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

PETER LAWRENCE COMMERCIAL R. E., INC  
4710 EISENHOWER BLVD.  
SUITE C-1  
TAMPA, FL 33634 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DS  
Name ABRAMS, ELAINE  
Address 4710 EISENHOWER BLVD, STE C-1  
City-State-Zip: TAMPA FL 33634

Title D  
Name KNISPEL, ISABEL  
Address 4710 EISENHOWER BLVD, STE C-1  
City-State-Zip: TAMPA FL 33634

Title P  
Name HOOVER, KRISTOPHER M  
Address 4710 EISENHOWER BLVD STE C-1  
City-State-Zip: TAMPA FL 33634

Title DC  
Name ABRAMS, ALLAN  
Address 4710 EISENHOWER BLVD STE C-1  
City-State-Zip: TAMPA FL 33626

*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:** KRISTOPHER M. HOOVER

**PRESIDENT**

**03/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date