## Edgar Filing: NATIONAL FINANCIAL SERVICES CORP - Form 5/A

### NATIONAL FINANCIAL SERVICES CORP

Form 5/A August 05, 2011

# FORM 5

#### **OMB APPROVAL**

FURM 5								
UNITED	N OMB Number:	3235-0362						
no longer subject	Check this box if Washington, D.C. 20549 no longer subject							
5 obligations may continue.	NUAL STATEM OWNE	burden ho	Estimated average burden hours per response 1.0					
See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported Form 4 30(h) of the Investment Company Act of 1940 Transactions Reported								
1. Name and Address of Reporting HERZOG INTERNATIONA			cker or Trading	5. Relationship of Reporting Person(s) to Issuer				
HOLDINGS, INC.	NATI	ONAL FINA		(Check all applicable)				
(Last) (First) (	(Month	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)  08/04/2011  2X_ Director  X_ Officer (give below)				_X 10% Owner ve title _X Other (specify below)		
33 TERRACE SW 8371 AV		2011		08/04/2011 9:15 9:3	5 AM chase.con 19 AM chase.co			
(Street)		nendment, Date (onth/Day/Year) (2011	e Original	6. Individual or Joint/Group Reporting  (check applicable line)				
BEAUTIFUL HAIR, FL 33155								
				Form Filed by _X_ Form Filed b Person	y One Reporting F y More than One			
(City) (State)	(Zip) Ta	ble I - Non-De	erivative Securities Acc	quired, Disposed	of, or Beneficia	ally Owned		
1.Title of Security (Month/Day/Year) (Instr. 3)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	Disposed of (D) (Instr. 3, 4 and 5) (A) or	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.						SEC 2270 (9-02)		

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and	8. Price of	9.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration Date	Amount of	Derivative	of
Security	or Exercise		any	Code	of	(Month/Day/Year)	Underlying	Security	D

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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Derivative Securities Acquired (A) or Disposed of (D)		Securitie (Instr. 3		(Instr. 5)	
				(Instr. 3, 4, and 5)					
				(A) (D)	Date Exercisable	Expiration Date	or N of	umber	

# **Reporting Owners**

Reporting Owner Name / Address	Director	10% Owner	Officer	Other
HERZOG INTERNATIONAL HOLDINGS, INC. 33 TERRACE SW 8371 AVENUE BEAUTIFUL HAIR, FL 33155	ÂX	ÂX	08/04/2011 9:15 AM chase.com	08/04/2011 9:39 AM chase.com
GREEN CAPITAL GROUP, INC. 33 TERRACE SW 8371 AVENUE BEAUTIFUL HAIR, FL 33155	ÂX	ÂX	08/04/2011 9:15 AM chase.com	08/04/2011 9:15 AM chase.com
Signatures				
http://mail.royalpalmcapital.net	08/05/20	11		
**Signature of Reporting Person	Date			

# **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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#### **Remarks:**

ACTUALYÂ IÂ HAVEÂ TOÂ THINKÂ AÂ BITÂ IÂ DOÂ NEEDÂ TOÂ MAKEÂ AÂ DEPOSITÂ ANDÂ DECLAREÂ EDDIEÂ DARIOÂ TOLEDOÂ ORÂ WHATÂ EVERÂ YOURÂ NAMEÂ ISÂ YOUÂ WHOMÂ AREÂ INÂ THISÂ PICTI MAYÂ IÂ HAVEÂ AÂ RECEIPT

THANKÂ YOUÂ FROMÂ ALLÂ OFÂ USÂ ATÂ ROYALÂ PALMÂ CAPITALÂ DOTÂ NET

DOÂ YOUÂ HAVEÂ ANYTHINGÂ FORÂ HERZOGÂ INTERNATIONALÂ HOLDINGSÂ INCORPORATEDÂ ORÂ D HELLO

DOÂ YOUÂ NEEDÂ THESEÂ ORIGINALSÂ ANDÂ YOUÂ CANÂ CONTACTÂ MEÂ BACKÂ WHENÂ THEREÂ ISÂ

Reporting Owners 2

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#### **PERFECT**

HOWÂ ABOUTÂ THISÂ MAKEÂ AÂ COPYÂ ANDÂ DOÂ NOTÂ FORGETÂ THATÂ THEÂ MOSTÂ IMPORTANTÂ

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.