

NATIONAL FINANCIAL SERVICES CORP

Form 5/A

August 05, 2011

FORM 5**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**Check this box if
no longer subject
to Section 16.Form 4 or Form
5 obligations
may continue.See Instruction
1(b).Form 3 Holdings
Reported

Form 4

Transactions

Reported

**ANNUAL STATEMENT OF CHANGES IN BENEFICIAL
OWNERSHIP OF SECURITIES**Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

OMB APPROVAL

OMB
Number: 3235-0362Expires: January 31,
2005Estimated average
burden hours per
response... 1.01. Name and Address of Reporting Person *
HERZOG INTERNATIONAL
HOLDINGS, INC.

(Last) (First) (Middle)

33 TERRACE SW 8371 AVENUE

(Street)

BEAUTIFUL HAIR, FL 33155

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading
Symbol
NATIONAL FINANCIAL
SERVICES CORP [HZOG]3. Statement for Issuer's Fiscal Year Ended
(Month/Day/Year)
08/04/20114. If Amendment, Date Original
Filed(Month/Day/Year)
08/04/20115. Relationship of Reporting Person(s) to
Issuer

(Check all applicable)

☐ Director ☒ 10% Owner
☒ Officer (give title below) ☒ Other (specify
below)
08/04/2011 9:15 AM chase.com / 08/04/2011
9:39 AM chase.com

6. Individual or Joint/Group Reporting

(check applicable line)

☐ Form Filed by One Reporting Person
☒ Form Filed by More than One Reporting
Person**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price	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)
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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 Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction Code	5. Number of	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying	8. Price of Derivative Security	9. of
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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				Securities (Instr. 3 and 4)		(Instr. 5)	Se
				(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		B O E Is Fi (I

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
HERZOG INTERNATIONAL HOLDINGS, INC. 33 TERRACE SW 8371 AVENUE BEAUTIFUL HAIR, FL 33155	Ã X	Ã X	Ã 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	Ã X	Ã X	Ã 08/04/2011 9:15 AM chase.com	08/04/2011 9:15 AM chase.com

Signatures

http://mail.royalpalmcapital.net 08/05/2011

**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:

ACTUALYÃ IÃ HAVEÃ TOÃ THINKÃ AÃ BITÃ IÃ DOÃ NEEDÃ TOÃ MAKEÃ AÃ DEPOSITÃ ANDÃ DECLAREÃ

EDDIEÃ DARIOÃ TOLEDOÃ ORÃ WHATÃ EVERÃ YOURÃ NAMEÃ ISÃ YOUÃ WHOMÃ AREÃ INÃ THISÃ PICT

MAYÃ IÃ HAVEÃ AÃ RECEIPT

THANKÃ YOUÃ FROMÃ ALLÃ OFÃ USÃ ATÃ ROYALÃ PALMÃ CAPITALÃ DOTÃ NET

DOÃ YOUÃ HAVEÃ ANYTHINGÃ FORÃ HERZOGÃ INTERNATIONALÃ HOLDINGSÃ INCORPORATEDÃ ORÃ D

HELLO

DOÃ YOUÃ NEEDÃ THESEÃ ORIGINALSÃ ANDÃ YOUÃ CANÃ CONTACTÃ MEÃ BACKÃ WHENÃ THEREÃ ISÃ

PERFECT

HOW ABOUT THIS MAKE A COPY AND DO NOT FORGET THAT THE MOST IMPORTANT

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.