

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 16, 2006 8:00 am
Secretary of State

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01132006 Chg-P CR2E034 (11/05)

DOCUMENT # K78452 1. Entity Name NJC INVESTMENTS, INC.					
Principal Place of Business 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES, FL 33146-0009 US			Mailing Address 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES, FL 33146-0009 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 65-0111540 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES, FL 33146	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE PD <input type="checkbox"/> Delete NAME FRAGACHAN C., JOSE M MR. STREET ADDRESS CENTRO BANAVEN, PISO 2, OF C-22 CITY-ST-ZIP AV. LA ESTANCIA, VE		TITLE VPD <input type="checkbox"/> Delete NAME FRAGACHAN C., CESAR E MR. STREET ADDRESS CENTRO BANACEN, PISO 2 OF C-22 CITY-ST-ZIP AV. LE ESTANCIA, VE		TITLE TSD <input type="checkbox"/> Delete NAME FRAGACHAN P., JOSE M MR. STREET ADDRESS CENTRO BANACEN, PISO 2 OF C-22 CITY-ST-ZIP AC. LA ESTANCIA, VE	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> JOSE FRAGACHAN				Feb 9th 2006 305-6653311 <small>Date Daytime Phone #</small>	