

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000003428

1. Entity Name
THE NATIONAL ASSOCIATION OF THE BAHAMAS, INC.



Principal Place of Business
**1200 PINE ISLAND ROAD
SUITE 750
PLANTATION, FL 33324 US**

Mailing Address
**P.O. BOX 630009
MIAMI, FL 33163**

DO NOT WRITE IN THIS SPACE



07242006 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0525850

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, EARL A
10240 SW 15TH ST
PEMBROKE PINES, FL 33025**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ASH, DONNA 1535 NW 8TH TERRACE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JACKSON, JANET 730 N.W. 50TH STREET MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, ROSAMON L 11260 S.W. 138 STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXD MILLER, EARL 10240 SW 15TH ST PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC BRADSHAW, RUBYANN 432 NW 111 TERRACE MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/28/06-80005-006 61.25

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IN THIS SPACE**

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 617, 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:

ROSAMON L. GOMEZ

7/24/06 954-888-1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #