


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000017498
 1. Entry Name
LAW OFFICE OF ALBERT NAON, JR., P.A.



Principal Place of Business 1102 N.W. 135TH COURT MIAMI, FL 33182	Mailing Address 1102 N.W. 135TH COURT MIAMI, FL 33182
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DO NOT WRITE IN THIS SPACE



03262006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0814343	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAON, ALBERT JR
 1102 N.W. 135TH COURT
 MIAMI, FL 33182

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NAON, ALBERT JR
STREET ADDRESS	1102 N.W. 135TH COURT
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/05/06-80006-017 150.00

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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: X _____ **ALBERT NAON** **4/3/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime PHONE #