


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90105 048 ***150.00

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1. Entity Name
NARUDAL, INC.



Principal Place of Business 2601 S BAYSHORE DR, SUITE 1400 MIAMI, FL 33133	Mailing Address 2601 S BAYSHORE DR, SUITE 1400 MIAMI, FL 33133
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DO NOT WRITE IN THIS SPACE

4002344



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0943186	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

DURAN, ALFREDO G
 2601 S BAYSHORE DR, SUITE 1400
 MIAMI, FL 33133

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DPST CREMATA, CHELIN 1440 S BAYSHORE DR 402 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DURAN, ALFREDO G 2601 S BAYSHORE DR, SUITE 1400 MIAMI, FL 33133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **ALFREDO G. DURAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRES: **3-1-06** **305-8592694**
Date Daytime Phone #