

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96584

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: NATIONAL WAREHOUSE SALES, INC.

**Current Principal Place of Business:**

13007 SW 122 AVE  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

13007 SW 122 AVE  
MIAMI, FL 33186 US

**New Mailing Address:**

FEI Number: 59-2214117      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUSSELL, SIDONIA  
18433 SW 87TH PLACE  
MIAMI, FL 33157 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: RUSSELL, SIDONIA,  
Address: 18433 S.W. 87TH PLACE  
City-St-Zip: MIAMI, FL 33157

Title: DS ( ) Delete  
Name: RUSSELL, ANGELA H.,  
Address: 18433 SW 87 PLACE  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIDONIA RUSSELL

PRIS

04/25/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date