2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State
03-14-2006 90031 031 ***150.00

DOCUMENT # J81896

1. Entity Name
N & R OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
8625 GUNN HWY. ODESSA, FL-33356---US	5113 PENNSBURY DR TAMPA, FL 33624

DO NOT WRITE IN THIS SPACE

01252006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2817718
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KARAMCHAND, CHANDRAUKUAR
5113 PENNSBURY DRIVE
TAMPA, FL 33624

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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 _____ DATE
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	PD
NAME	CHANDRAKUAR,NAVINCHANDRA
STREET ADDRESS	4126 HOLLOWTRAIL
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	STD
NAME	HAIRBANCE, ROOPNARAINE
STREET ADDRESS	15814 PENNINGTON RD
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	VPD
NAME	CHANDRAKUAR, KARAMCHAND
STREET ADDRESS	5113 PENNSBURY DR
CITY-ST-ZIP	TAMPA, FL 33624
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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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: [signature] VP 3/21/06 8139201085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #