2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPORT			Jui 24, 2000 08:00		
DOCUMENT # M73923				S	ecretary of Sta
NAT MOORE & ASSOCIATES, INC.					
Principal Place of Business	Mailing Address		1		
L	16911 NE 6TH AVE N MIAMI BEACH, FL 33162				
					
DO NOT WRITE I	^F	07102006	No Chg-P	CR2E034 (11/05)	
DO NOT WITHE IN THIS OF		OL .	4. FEI Numb 65-004		Applied For Not Applicable
· ,				of Status Desired	\$8.75 Additional
6. Name and Address of Current Regi	stered Agent				Fee Required
	,				
MOORE, NATHANIEL NAT MOORE & ASSOCIATES, INC		DO	NOT W	RITE	
16911 NE 6TH AVE N MIAMI BEACH, FL 33162			IN "	THIS SP	PACE
The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its registere	ed office or register	ed agent, or bo	th, in the State of Flo	orida, Lam familiar with, and accept
SIGNATURE		1 Agent signature required			-80013-006 150.00
FILE NOWIII FEE IS \$150.00	scing _ \$5.	\$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the			
Due by September 6, 2006	Add	ed to Fees	corporation did	not receive the prior notice.	
10. OFFICERS AND DIRE	CTORS				
TITLE PD NAME MOORE, NATHANIEL					
STREET ADDRESS 16911 N.E. 6TH AVENUE					
TITLE NORTH MIAMI BEACH, FL		ſ			
NAME	•				
STREET ADDRESS CITY-SI-ZIP					
TITLE					
NAME STREET ADDRESS					
CITY-S1-ZIP			DO	NOT W	RITE
TITLE		1	IN .	THIS SF	PACE
NAME STREET ADDRESS					
CITY-ST-ZIP		•			
TIILE NAME			•		
STREET ADDRESS				,	*
CITY-SI-ZIP		`			,
TITLE NAME		-			
STREET ADDRESS				9.5	

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 of 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 accuracy, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #