

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # M92420 1. Entity Name NARBI INTERNATIONAL INVESTMENTS INC.	
---	---

Principal Place of Business 237 PEPPERTREE DRIVE ORLANDO, FL 32825	Mailing Address 237 PEPPERTREE DRIVE ORLANDO, FL 32825
--	--

DO NOT WRITE IN THIS SPACE

01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2900164	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PADILLA, MARIA M.
237 PEPPERTREE DR
ORLANDO, FL 32825**

**DO NOT WRITE
IN THIS SPACE**

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 _____

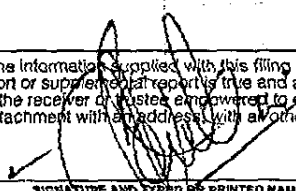
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PADILLA, NARCISO S. 237 PEPPERTREE DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PADILLA, MARIA M. 237 PEPPERTREE DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARBA, JUANITO P. 237 PEPPERTREE DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PADILLA, ALBERTO M. 237 PEPPERTREE DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000401025
02/02/06-80028-009 150.00

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 another like empowered.

SIGNATURE:  **1-19-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #