

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M92420**

1. Entity Name

NARBI INTERNATIONAL INVESTMENTS INC.



Principal Place of Business

9102 SHADOWBROOK TR  
ORLANDO, FL 32825

Mailing Address

9102 SHADOWBROOK TR  
ORLANDO, FL 32825



01052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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.  
3426 HERRINGRIDGE 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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 PADILLA, NARCISO S.  
STREET ADDRESS 3426 HERRINGRIDGE DR  
CITY-ST-ZIP ORLANDO, FL 32812

TITLE SD  
NAME PADILLA, MARIA M.  
STREET ADDRESS 3426 HERRINGRIDGE RD  
CITY-ST-ZIP ORLANDO, FL 32812

TITLE V  
NAME BARBA, JUANITO P.  
STREET ADDRESS 237 PEPPERTREE DR.  
CITY-ST-ZIP ORLANDO, FL

TITLE V  
NAME PADILLA, ALBERTO M.  
STREET ADDRESS 3426 HERRINGRIDGE DR  
CITY-ST-ZIP ORLANDO, FL 32812

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000776215  
01/09/08-80015-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #