## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 20, 2006 8:00 am **Secretary of State** DOCUMENT # P00000103178 1. Entity Name 02-20-2006 90047 034 \*\*\*150.00 NOON, INC. Principal Place of Business Mailing Address 6578 SW 40TH STREET 6578 SW 40TH STREET MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Busines 3. Mailing Address 7213 SW SAME Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 盘 City & State City & State 4. FEI Number Applied For 65-1052760 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NARANJO, LISETTE 1880 NE 124 ST. N. MIAMI FL 33181 the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its registered office or registered age the obligations of registered agent. SIGNATURE (NOTE: Registored Agent signature required when reinstating) ited name of registered agent and title it applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Oelete TITLE ☐ Addition THUE LISETTE NARANJO-PEREZ NAME NARANJO, LISETTE NAME STREET ADDRESS 1880 NE 124 ST. STREET ADDRESS CITY-S1-ZIP N. MIAMI FL 33181 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . □ Delete Addition | TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED