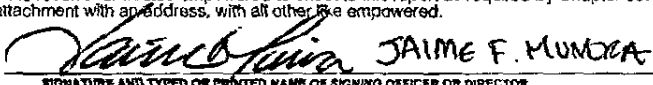


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000065557 1. Entity Name NARONDA, CORP.		
Principal Place of Business 229 WIMBLEDON LAKE DRIVE PLANTATION, FL 33324	Mailing Address 229 WIMBLEDON LAKE DRIVE PLANTATION, FL 33324	
DO NOT WRITE IN THIS SPACE		
		02252006 No Chg-P CRZE034 (11/05)
		4. FEI Number 01-0720923
		Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MUNERA, JAIME F 229 WIMBLEDON LAKE DRIVE PLANTATION, FL 33324		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 registering) 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
		U00000452214 03/11/06-80017-022 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MUNERA, JAIME F 229 WIMBLEDON LAKE DRIVE PLANTATION, FL 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIRALDO, SANDRA E 229 WIMBLEDON LAKE DRIVE PLANTATION, FL 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  JAIME F. MUNERA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date _____ Company Phone # _____		