

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000084507

1. Entity Name

NON-YA BUSINESS, INC.



FILED
Apr 21, 2005 08:00 AM
Secretary of State

Principal Place of Business
2380 SOUTHEAST EIGHTH COURT
POMPANO BEACH FL 33063

Mailing Address
2380 SOUTHEAST EIGHTH COURT
POMPANO BEACH FL 33063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number 43-2015892

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEORGE, JOHN G
THE ADVOCATE BLDG., FIRST FLOOR
315 SOUTHEAST 7TH STREET
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST
NAME LEONARDO, FRANCIS
STREET ADDRESS 2380 SOUTHEAST EIGHTH COURT
CITY-ST-ZIP POMPANO BEACH FL 33063 ☐ Delete

TITLE D
NAME LEONARDO, FRANCIS
STREET ADDRESS 2380 SOUTHEAST EIGHTH COURT
CITY-ST-ZIP POMPANO BEACH FL 33063 ☐ Delete

TITLE V
NAME LEONARDO, CARLO
STREET ADDRESS 2380 SE 8TH COURT
CITY-ST-ZIP POMPANO BEACH FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000000319944
04/21/05-80018-012 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 life empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-05 954-782002