


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000084507</b> 1. Entity Name <b>NON-YA BUSINESS, INC.</b>					
Principal Place of Business <b>2380 SOUTHEAST EIGHTH COURT POMPANO BEACH FL 33063</b>			Mailing Address <b>2380 SOUTHEAST EIGHTH COURT POMPANO BEACH FL 33063</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>43-2015892</b>	
6. Name and Address of Current Registered Agent  <b>GEORGE, JOHN G THE ADVOCATE BLDG., FIRST FLOOR 315 SOUTHEAST 7TH STREET FORT LAUDERDALE FL 33301</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City	
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 registering)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
9. Election Campaign Financing <b>\$5.00</b> May 1 Trust Fund Contribution. <input type="checkbox"/> Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LEONARDO, FRANCIS 2380 SOUTHEAST EIGHTH COURT POMPANO BEACH FL 33063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100000437238 02/28/06-80031-025 150 AM	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARDO, FRANCIS 2380 SOUTHEAST EIGHTH COURT POMPANO BEACH FL 33063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEONARDO, CARLO 2380 SE 8TH COURT POMPANO BEACH FL 33063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	

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.

**SIGNATURE:** \_\_\_\_\_

**2-12-06 954-328492**