

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000112067	
1. Entity Name NORTH AMERICA OUTFITTERS, INC.	

Principal Place of Business 7400 N.W. 7 STREET, SUITE 101 MIAMI, FL 33126	Mailing Address 7400 N.W. 7 STREET, SUITE 101 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0489410	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NAYA, LUIS E
7400 N.W. 7 STREET, SUITE 101
MIAMI, FL 33126**

**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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1100000387141 01/19/06-80026-022 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAYA, LUIS E 7400 N.W. 7 STREET, SUITE 101 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALIL, EDUARDO A 7400 N.W. 7 STREET, SUITE 101 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NAYA JR, LUIS E 7400 N.W. 7 STREET, SUITE 101 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALIL JR., EDUARDO A 7400 N.W. 7 STREET, SUITE 101 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ **1/18/05** **305-262-5005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #