## 2006 FOR PROFIT CORPORATION

## Apr 13, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P02000128152 NATIONAL PROPERTY HOLDINGS, INC. Principal Place of Business Mailing Address 7700 NW 37TH AVENUE 7700 NW 37TH AVENUE MIAMR, FL 33147 MIAMI, FL 33147 04042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3735527 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VALDES, CARLOS A DO NOT WRITE 7700 NW 37TH AVENUE MIAMI, FL 33147 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. (NOTE Registered Agent signature required when reinstanne) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE VALDES, CARLOS A NAME 7700 NW 37TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33147 TITLE VSD VILLARRUEL, JOSE NAME 7700 NW 37TH AVENUE STREET ADORESS CITY-ST-ZIP MIAMI, FL 33147 DILE NAME STREET ADDRESS DO NOT WRITE CATY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CCTY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

Below

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Davime Phone #