

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000071841

FILED
Jul 31, 2004
Secretary of State

Entity Name: NAPOLEON REAL ESTATE & INVESTMENT INC

Current Principal Place of Business:

303 NE 187 ST
726
MIAMI, FL 33179 00

New Principal Place of Business:

Current Mailing Address:

P.O BOX 531451
MIAMI SHORES, FL 33153

New Mailing Address:

FEI Number: 51-0473178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAPOLEON, JHONSON
21317 NW 39 TH AVE
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NAPOLEON, JHONSON
Address: 21317 NW 39TH AVE
City-St-Zip: MIAMI, FL 33055

Title: VP () Delete
Name: BETSY F., NAPOLEON
Address: 21317 NW 39 TH AVE
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JHONSON NAPOLEON

P

07/31/2004

Electronic Signature of Signing Officer or Director

Date