

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000071841

FILED  
Jul 05, 2005  
Secretary of State

Entity Name: NAPOLEON REAL ESTATE & INVESTMENT INC

## Current Principal Place of Business:

303 NE 187 ST  
726  
MIAMI, FL 33179

## New Principal Place of Business:

18926 NW 56 CT  
OPA LOCKA, FL 33055

## Current Mailing Address:

P.O BOX 531451  
MIAMI SHORES, FL 33153

## New Mailing Address:

18926 NW 56 CT  
OPA LOCKA, FL 33055

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:

NAPOLEON, JHONSON  
18926 NW 56 CT  
OPA LOCKA, FL 33055 US

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:

07/05/2005

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: P (X) Change ( ) Addition  
Name: NAPOLEON, JHONSON  
Address: 18926 NW 56 CT  
City-St-Zip: OPA LOCKA, FL 33055

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

MR

07/05/2005

Electronic Signature of Signing Officer or Director

Date