2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 28, 2006 8:00 am Secretary of State

DOCU 1. Entity Narr NYA. INC		77558			06-12-20	06 90001 042 **	**150.00
806 E. HILLS	e of Business SBOROUGH AVE. 33604-7140	Mailing Address 806 E. HILLSBOROUGH TAMPA, FL 33604-71					
1							
2. Principal P	Place of Business	Mailing Address	וומע				
Suite, Apt. #, etc. Suite, Apt. #, etc.			777	05242006	Chg-P	CR2E034 (11/05)	
City & State		City & State		4. FEI Num 20-00	ber 95143) 	pplied For ot Applicable
Zip	Country	33673	Country 34		te of Status Desired	\$8.75 Ad	ditional
	6. Name and Address of Curre	nt Registered Agent		7. Name ar	d Address of New I		
YILDIRIM:	NEIL	ہے۔ مسے وہے مراج	Name	<u> </u>			
806 E. HIL	LSBOROUGH AVE. L 33604-7140	Street Ad	dress (P.O. Box Num	ber is Not Acceptable	e)		
			City			FL Zip Coo	le
8. The above the obliger SIGNATURE	named entity submits this statement ions of registered agent.	Some.	registered office or r		oth, in the State of Fl	orida. I am familiar with,	and accept
	LE NOW!!! FEE IS \$550.00 ue by September 6, 2006	9. Election Campai Trust Fund Contr		\$5.00 May Be Added to Fees			
10.	OFFICERS AN	ID DIRECTORS	11.	ADDITIONS	S/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE NAME	D VII OIRINA NIER	Delete	TITLE			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	YILDIRIM, NEIL 8508 CHARLESTON LAKE DR TAMPA, FL 33635	l.	STREET ADDRESS CITY-ST-ZIP				
TITLE	D	Delete	TITLE		-	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	YILDIRIM, ASTRID 9508 CHARLESTON LAKE DR TAMPA, FL 33635	NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	1AMPA, PC 33035	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP					
TRILE		Delete.	IUTE			Change	☐ Add:tion
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	•	☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZP				
TITLE		☐ Oeiete	VITLE			☐ Change	Addition
NAME Street address City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP				
indicated of the cor	certify that the information supplied w for this report or supplemental report poration or the receiver or trystee en , or on an attachment with an addres	t is true and accurate and that m powered to execute this report :	ry signature shall hav as required by Chap	e the same legal effe	ct as if made under a	ath: that I am an officer.	or director
SIGNAT	URE: SIGNATURE AND TYPED O	N PRINTED HAME OF GORING CHEEK	X LINE	*	6_	8-06	



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 26, 2006

NYA. INC.

806 E. HILLSBOROUGH AVE.

TAMPA, FL 33604-7140

SUBJECT: NYA! NC.

Ref. Number: 403000077558

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

TINA D CARTER **OPS**

This was Submited Letter Number: 606A00037140

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Per instructions in but Sent back!

See the attacked & Please warde the

See the attacked & Please warde the

5 400 late Fee for Your instructions

alove!