


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000080292 1. Entity Name NATIONAL ESTRUCTURE INC.	
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Principal Place of Business
**5460 NORTHWEST 174TH DRIVE
OPA LOCKA, FL 33055**

Mailing Address
**5460 NORTHWEST 174TH DRIVE
OPA LOCKA, FL 33055**



05012006 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0102515	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**AMADOR, ANDRES
5460 NW 174 DR.
4TH FLOOR
OPA LOCKA, FL 33055**

**DO NOT WRITE
IN THIS SPACE**

I, 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, the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-01-06

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMADOR, ANDRES JR 5460 NORTHWEST 174TH DRIVE OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AMADOR, ANA IRIS 5460 NORTHWEST 174TH DRIVE OPA LOCKA, FL 33055
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05/18/06-80026-007 150.00

**DO NOT WRITE
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-01-06

Date

786-586-475

Daytime Phone #