2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 12, 2006 8:00 am Secretary of State

	ANNUAL	REPURI				Seci	ciary or s	olale
DOCU 1. Entity Nam NP INTEI			Ļ	05-12-	2006 90027 008 ***	*150.00		
Principal Plac	e of Business	Mailing Address						
19370 COLL	INS AVE.	19370 COLLINS AVE.						
# 1424 Miami Beaci	H, FL 33139	# 1424 Miami Beach, Fl 33139	ı			1 16 811 6 1081 8 5 118 8811	A BUSII UTIUR REBU INITI UNIM ADDII O	5 31 0.0 0.01 (10.01
2. Principal Place of Business 3000 S. OCEAN DR			OCEAN D	و				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05082006	Chg-P	CR2E034 (11/05)	
	YWOOD FL	City & State HOLLYWOOD			4. FEI Numb 86-109			pplied For ot Applicable
^{Zip} 33.	019 Country	^{Zip} 33019	Country		5. Certificate	of Status Desire	ed Section \$8.75 Add	
· · ·	6. Name and Address of Current R	egistered Agent			7. Name and	Address of Ne	w Registered Agent	
PEREIRA JUNIOR, NEI RODRIGUES				J€ I		RETRA	TR	
19370 COLLINS AVE. # 1424				Street Address (P.S. Box Number is Not Acceptable) # 910				
MIAMI BEACH, FL 33139								
•			City +	tou	YWOOD).	FL Ziggi	19
8. The above the obligat	named entity submite this statement for itions of registered agent. Signature, typed or printed name opegistered agent are	a see R	gistered office or PEREIA egistered Agent signatu	e A	JR	th, in the State o	f Florida. I am familiar with 5/8/06 DATE	, and accept
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	9. Election Campaign Trust Fund Contrib			00 May Be ed to Fees	In accordance corporation	ce with s. 607.193(2)(b), did not receive the prior	F.S., the notice.
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS	CHANGES TO	OFFICERS AND DIRECTOR	IS IN 11
TOTLE	PEDEIDA IUNIO NEI PODDIOUI	Defete	TITLE				∑ Change	Addition
NAME STREET ADDRESS	PEREIRA JUNIO, NEI RODRIGUE 19477 NE 10TH AVENUE, #114	:8	NAME STREET ADDRESS	30	on S.	OCEW	DR 7910	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179)	CITY-ST-ZIP			OD FL		
TITLE		☐ Delete	TITLE	_	- (☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME Street address City-St-2ip					
TITLE		☐ Delete	TITLE			-	☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAME Street Address					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		,		☐ Change	Addition
NAME STREET ADDRESS			NAME Street Address					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				Change	Addition
NAME			NAME				-	
STREET ADDRESS CITY - ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
indicated	certify that the information supplied with to on this report or supplemental report is to prograting on the receiver perfusive employees	rue and accurate and that my	signature shall ha	ave the s	ame legal effec	t as if made und	ler oath: that I am an office:	or director

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 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.

SIGNATURE:

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECT

PEREIRA JR

5/8/06

305-877-9814