

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVE
AND
FILED

DOCUMENT # P04000096433

1. Entity Name
NUARA ENTERTAINMENT INCORPORATED



06 SEP 15 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5260 N WEST 11TH STREET
BROWARD, FL 33313

Mailing Address
5260 N WEST 11TH STREET
BROWARD, FL 33313



05302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0544918

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIVERPOOL, RUTH
4974 N UNIVERSITY DR
LAUDERHILL, FL 33351

**DO NOT WRITE
IN THIS SPACE**

8. 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 registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/1/06

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P SMITH, EVERTON 5260 N WEST 11TH STREET BROWARD, FL 33313 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP GEKIN, PATRICK 5260 N WEST 11TH STREET BROWARD, FL 33313 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP O'MARLEY JOHNSON, AFRON 5260 N WEST 11TH STREET BROWARD, FL 33313 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**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 if 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

Date

Daytime Phone #

9/1/06

9/1/06