

**2006.FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000110351

1. Entity Name
NATIONAL BLUEPRINT ARTS, INC.



Principal Place of Business

**11865 SW 26TH STREET
BUILDING I - SUITE 7
MIAMI, FL 33175**

Mailing Address

**11865 SW 26TH STREET
BUILDING I - SUITE 7
MIAMI, FL 33175**



03102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1431227

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DIAZ, JOSE A
11865 SW 26TH STREET
BUILDING I - SUITE 7
MIAMI, FL 33175**

**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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

**000000482394
04/11/06-80098-018 150.00**

10. OFFICERS AND DIRECTORS

**TITLE DPST
NAME DIAZ, JOSE A
STREET ADDRESS 11865 SW 26 STREET BLDG I SUITE 7
CITY-ST-ZIP MIAMI, FL 33175**

**TITLE VP
NAME DIAZ, ADRIAN
STREET ADDRESS 11865 SW 26TH STREET BLDG I SUITE 7
CITY-ST-ZIP MIAMI, FL 33175**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
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CITY-ST-ZIP**

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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

JOSE A. DIAZ

3/23/2006

305 557 9854

Date

Daytime Phone #