

2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/1/2006-90450-039-\$150.00-\$150.00

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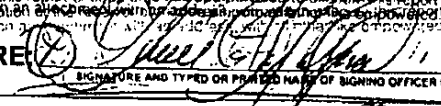
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04142006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000005326			
1. Entity Name NAJARA ENTERPRISE CORP.			
Principal Place of Business 402 NW 27 AVE MIAMI, FL 33125		Mailing Address 402 NW 27 AVE MIAMI, FL 33125	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ACOSTA, JOSVE 1855 NW 15 AVE MIAMI, FL 33125		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ACOSTA, JOSVE 402 NW 27 AVE MIAMI, FL 33125 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PO Box 44-3921 MIAMI FL 33184 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. I, the undersigned, certify that the information contained in this report is true and correct to the best of my knowledge and belief, and that I am a duly qualified officer or director of the corporation and am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 of this report.			
SIGNATURE 		Date 04/19/06 Daytime Phone #	