

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2007 8:00 am**  
**Secretary of State**

07-19-2007 90022 001 \*\*\*150.00

<b>DOCUMENT # P05000005326</b> 1. Entity Name <b>NAJARA ENTERPRISE CORP.</b>																																																
Principal Place of Business <b>402 NW 27 AVE MIAMI, FL 33125</b>		Mailing Address <b>402 NW 27 AVE MIAMI, FL 33125</b>																																														
2. Principal Place of Business - No P.O. Box # <b>PO. Box 44-2421</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>PO. Box 44-2421</b> <small>Suite, Apt. #, etc.</small>																																														
City & State <b>Miami Florida</b> <small>Zip</small> <b>33144</b> <small>Country</small>		City & State <b>Miami Florida</b> <small>Zip</small> <b>33144-2421</b> <small>Country</small>																																														
4. FEI Number <b>20-2887149</b>		Applied For <input type="checkbox"/> Not Applicable																																														
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																														
6. Name and Address of Current Registered Agent  <b>ACOSTA, JOSVE</b> <b>1855 NW 15 AVE</b> <b>MIAMI, FL 33125</b>		7. Name and Address of New Registered Agent Name <b>JOSVE ACOSTA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1855 NW 15 AVE # 1610</b> City <b>Miami FL</b> <small>Zip Code</small> <b>33125</b>																																														
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  DATE <b>7/19/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY ST ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><b>P ACOSTA, JOSVE</b></td> <td><b>P.O. BOX 2921</b></td> <td><b>MIAMI, FL 33144</b></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete		<b>P ACOSTA, JOSVE</b>	<b>P.O. BOX 2921</b>	<b>MIAMI, FL 33144</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY ST ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																														
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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: 		Date <b>7/19/07</b> <small>Daytime Phone #</small>																																														