

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-22-2006 90026 029 ***150.00

DOCUMENT # P05000028459

1. Entity Name
NAIMES PROPERTIES, INC.

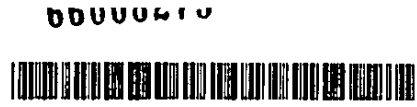


Principal Place of Business
**1605 N. STATE RD 7
MARGATE FL 33063**

Mailing Address
**1605 N. STATE RD 7
MARGATE FL 33063**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



1st MOORE CR2E034 (10/05)

4. FEI Number
36-4569856

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent
**CALDIERA, MAGNO
1605 N. STATE RD 7
MARGATE FL 33063**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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	President MAGNO CALDEIRA 1605 N STATE RD 07 MARGATE-FL-33063	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
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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Magno Caldera* **3-7-06** **9549789060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Bank of America  Higher StandardsATTACHMENT
66008275

Online Banking

#P05000028459 Search • Locations • Mail • Help •

Accounts | Bill Pay & e-Bills | Transfer Funds | Investments | Customer Service

Accounts Overview | Account Activity | Account Summary | Find a Transaction

Check Image – Front and Back

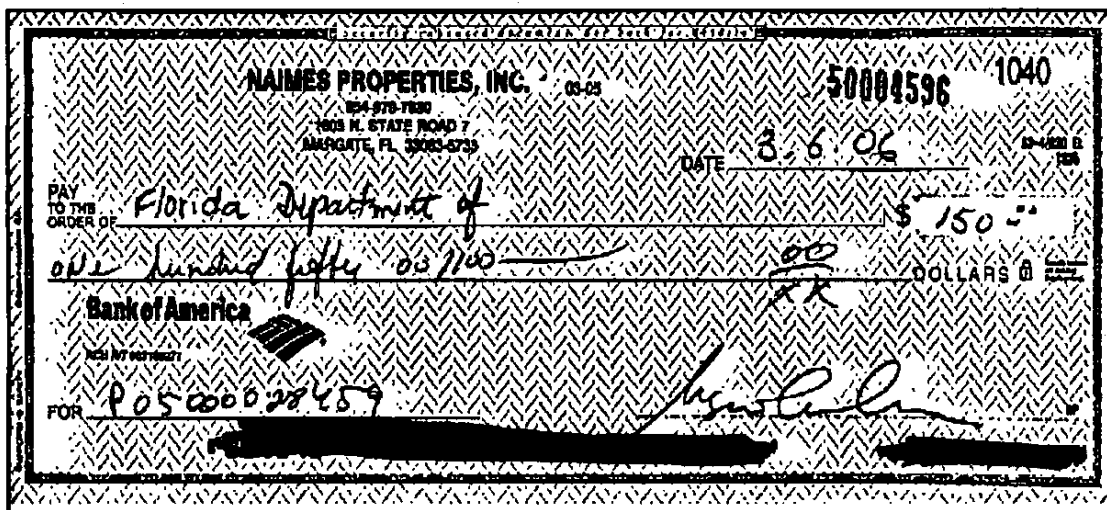
Posting Date: 03/24/2006

Check #: 1040

Amount: \$150.00

Reference: 86640656184 Account: DDA-6824

Nickname:



NAJMES PROPERTIES, INC. 03-06
1004 978-7800
1808 N. STATE ROAD 7
MARGATE, FL 32003-6735

50004596 1040

DATE 3-6-06

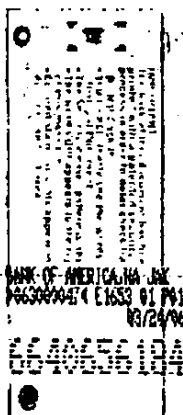
PAY TO THE ORDER OF Florida Department of Banking Regulation

one hundred fifty 00/100 \$150.00

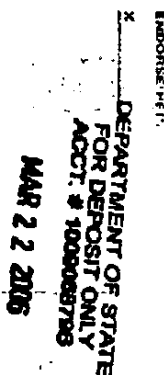
DOLLARS

Bank of America

FOR P05000028459



BANK OF AMERICA NA, JAX
06630600414 61633 01 P91
03/24/06
6640656184



ENDORSE HERE

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT: # 1000008775
MAR 22 2006