## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000063117

## FILED Apr 21, 2008 8:00 am Secretary of State

04-21-2008 90055 028 \*\*\*158.75

NINJASS OF MIAMI INC. 40073697 Mailing Address Principal Place of Business 5589 NW 72ND AVENUE 5589 NW 72ND AVENUE MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282008 CR2E034 (12/06) Chg-P Applied For 4. FEI Number City & State City & State 20-2759854 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOBETTI, RUDIMAR L Street Address (P.O. Box Number is Not Acceptable) **5589 NW 72ND AVENUE** MIAMI, FL 33166 Zip Code titly submire this standard for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept B. The above name the obligation egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 04/16/05 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11 Change ☐ Addition PVST ☐ Delete TITLE sobetti Rudimarl TITLE GOBETTI, RUDIMAR L NAME 1766 NW 82 AVE NAME **5589 NW 72ND AVENUE** STREET ADDRESS STREET ADDRESS Mixui, FL 33/26 CITY+ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP Change . ☐ Addition ☐ Detete TITLE TITLE Fobetti, Rudimar L GOBETTI, RUDIMAR L NAME NAME 1766 NW 82 AVE 5589 NW 72ND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL MIAMI, FL 33166 CITY-ST-ZIP - ·- Change: - Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CtTY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F INLE Delete NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing floes 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 end/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 register for trustee empty end 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 antiactorychin with an address, shiftyful plate like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

SIGNATURÆ:

CITY-ST-ZIP

04 16108

Daytime Phone F