## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000092597

City-St-Zip:

MIAMI, FL 33158

Entity Name: NEGRIL FALLS ENTERPRISES INC.

FILED Aug 01, 2006 Secretary of State

Littly Nai	IIIE. NEGRILI	FALLO LINTERFRIOLO, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
8225 SW 1 MIAMI, FL	141 STREET 33158				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
8225 SW 1 MIAMI, FL	141 STREET 33158				
FEI Number	: 20-3113957	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
STE 210	PETER SET DRIVE 33143 US				
	named entity : e of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P,T, ( ) WILLIAMS, VIV 8225 SW 141 S MIAMI, FL 331	ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP,S ( ) DUHANEY, YO 11680 SW 144 MIAMI, FL 331	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VP ( ) MCKINLEY, RY 8225 SW 141 S		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: VIVIENNE M WILLIAMS PT 08/01/2006