


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90176 045 \*\*\*150.00

<b>DOCUMENT # P05000124027</b>		
1. Entity Name NJE PROPERTIES, INC.		

Principal Place of Business 9629 PARK VIEW AVENUE BOCA RATON, FL 33428	Mailing Address 9629 PARK VIEW AVENUE BOCA RATON, FL 33428
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2. Principal Place of Business 12804 VILLAGE BLVD	3. Mailing Address PO BOX S. KRAFT P.A. 934 N. UNIVERSITY DR #250
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MADEIRA BEACH, FL	City & State CORAL SPRINGS, FL
Zip 33708	Zip 33071
Country USA	Country USA

40026730



02262006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3454361	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  HAMUY, NEIL 9629 PARK VIEW AVENUE BOCA RATON, FL 33428	
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7. Name and Address of New Registered Agent Name NAOMI HAMUY Street Address (P.O. Box Number is Not Acceptable) 10150 VESTAL CT City CORAL SPRINGS FL Zip Code 33071	
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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 <u>Naomi Hamuy</u> (NAOMI HAMUY) 2/26/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> Delete <input type="checkbox"/> HAMUY, NEIL 9629 PARK VIEW AVENUE BOCA RATON, FL 33428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR</u> Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> PRES. D NAOMI HAMUY 10150 VESTAL CT CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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: <u>Naomi Hamuy</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	NAOMI HAMUY 2/26/06 954-753-1766 Date Daytime Phone #