


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90055 036 ***150.00

DOCUMENT # P06000108971	
1. Entity Name NEIGHBORHOOD LINEN & THINGS INC.	

Principal Place of Business 17237 N.W. 72ND PL. HIALEAH, FL 33015	Mailing Address 17237 N.W. 72ND PL. HIALEAH, FL 33015
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2. Principal Place of Business - No P.O. Box # 16547 N.W. 27th AVE	3. Mailing Address 17237 N.W. 72nd Pl
Suite, Apt. #, etc. MIAMI GARDEN	Suite, Apt. #, etc. HIALEAH
City & State FLA.	City & State FLA.
Zip 33056	Country DADE
Zip 33015	Country DADE



05172007 Chg-P CR2E034 (12/06)

4. FEI Number 204-610615	Applied For <input type="checkbox"/> 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 OGBARA, KAMA OLALEKAN 17237 N.W. 72ND PL. HIALEAH, FL 33015	7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OGBARA, KAMAL OLALEKAN 17237 N.W. 72ND PL. HIALEAH, FL 33015 <input type="checkbox"/> Delete	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: *H. Ogbara* **5-17-07** **754-245-0231**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40117065

#P06000108971

To whom it may concern

This is acknowledge that I Kamal O. Ogbona did not received a letter from Sept. of Corporation at any time this year. That I actually started operating 2 weeks ago. That I will appreciate if it if you can waive the \$400⁰⁰ penalty. me 77

Thanks for your co-operation and understanding and feel free to contact me at this address 754-245-0231

Boye

Yours faithfully
Kamal O. Ogbona