

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000072985

Entity Name: INVERSIONES NAURU CORP

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

AV. RAUL LEONI, C.C. PLAZA LAS AMERICAS 2  
PB, LOCAL 38, EL CAFETAL  
CARACAS, MI 1061 VZ

## **New Principal Place of Business:**

## **Current Mailing Address:**

AV. RAUL LEONI, C.C. PLAZA LAS AMERICAS 2  
PB, LOCAL 38, EL CAFETAL  
CARACAS, MI 1061 VZ

## **New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SLIBE, ISSA A MR  
806 CYPRESS GROVE LN  
APT. #110  
POMPANO BEACH, FL 33069 US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: M  
Name: SLIBE, ISSA A MR  
Address: RUTA 8, QTA ROSANGELA, CLNS DE STA MONICA  
City-St-Zip: CARACAS, DC 1040 VZ

Title: M  
Name: ROTUNNO, ROSANGELA MRS.  
Address: RUTA 8, QTA ROSANGELA, CLNS DE STA MONICA  
City-St-Zip: CARACAS, DC 1040 VZ

I hereby 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 all other like empowered.

SIGNATURE: ISSA SLIBE

MR

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date