2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000045612

1. Entity Name NAMOCO INC.



FILED Jan 12, 2006 08:00 AN Secretary of State

Principal Place of Business

2601 S BAYSHORE DR

STE 2040 MIAMI, FL 33133 Mailing Address

2601 S BAYSHORE DR

STE 2040

MIAMI, FL 33133



DO NOT WRITE IN THIS SPACE

No Chg-P 01062006

CR2E034 (11/05)

4. FEI Number 65-0424021

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

MOORE, NATHAN A 2601 S BAYSHORE DR #2040 MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plants of registered agent.	urpose of changing its registered of	fice or r	egistered agent, or bo	oth, in the State of Florids. I am familiar with, and ac	cept
SIGNATURE_						
010111101111	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE: Registered Age	nt signaturi	required when reinstadng)	DATE	ਵ-•
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campalon Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	1000000383390 01/12/06-80051-017-158.7	ıς
10.	OFFICERS AND DIREC	CTORS			CONTRACTOR CONTRACTOR CONTRACTOR	
TITLE Name Street address City-St-Zip	PD MOORE, NATHAN A 2601 S BAYSHORE DR # 2040 MIAMI, FL 33133					
TITLE	VD					j
NAME	MOORE TIMOTHY C					
STREET ADDRESS	2601 S BAYSHORE DR # 2040	1				
City-St-Zip	MIAMI, FL 33131	i i				Ì
TITLE	VD					
Name	MOORE, JAMES	}				1
STREET ADDRESS	2601 S BAYSHORE DR # 2040			no	NOT WRITE	ĺ
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NAME		1				
STREET ADDRESS						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statisties. 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR