

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000073458**

1. Entity Name  
**NARO INTERNATIONAL, INC.**



Principal Place of Business  
**5790 62ND AVE. N.  
PINELLAS PARK, FL 34665**

Mailing Address  
**5972 5TH AVENUE SOUTH  
ST PETERSBURG, FL 33707 US**



03312007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3207884**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHRADER, PAUL  
5172 5TH VAE S  
ST PETERSBURG, FL 33707**

**DO NOT WRITE  
IN THIS SPACE**

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  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	JACOB, VICTOR J
STREET ADDRESS	3032 BRADFORD CIR
CITY-ST-ZIP	PLAM HARBOR, FL
TITLE	S
NAME	MOBAYED, SAMI
STREET ADDRESS	4348 66TH AVE N
CITY-ST-ZIP	PINELLAS PARK, FL
TITLE	T
NAME	SCHRADER, PAUL
STREET ADDRESS	5972 5TH AVE S
CITY-ST-ZIP	ST PETERSBURG, FL 33707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000720158  
05/01/07-80089-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Paul Schrader*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-07 727-344-2340