## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000079514

Entity Name: NORTH AMERICAN INSULAR ENTERPRISES, INC.

FILED Jul 23, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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10520 SW 74 LANE 14201 S.W. 55 ST. MIAMI, FL 33173 MIAMI, FL 33175

Current Mailing Address: New Mailing Address:

10520 SW 74 LANE 14201 S.W. 55 ST. MIAMI, FL 33173 MIAMI, FL 33175

FEI Number: 65-0554968 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DE MARIN, CHRISTIANNE B PALLAIS, LUIS H
10520 SW 74 LANE 14201 S.W. 55 ST.
MIAMI, FL 33173 US MIAMI, FL 33175 US

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: LUIS H. PALLAIS 07/23/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: DE MARIN, CHRISTIANNE B

Address: 10520 SW 74 LANE City-St-Zip: MIAMI, FL 33173

 Title:
 DVPT
 ( ) Delete

 Name:
 DEBAYLE, LUIS H

 Address:
 14201 SW 55 ST

 City-St-Zip:
 MIAMI, FL 33175

Title: DS (X) Delete Name: REBOSO, NADIA

Address: BRICKELL BAY DRIVE City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition

 Name:
 PALLAIS, LUIS H

 Address:
 14201 S.W. 55 ST.

 City-St-Zip:
 MIAMI, FL 33175

Title: DVPS (X) Change ( ) Addition

Name: PALLAIS, ANGELA R Address: 14201 SW 55 ST City-St-Zip: MIAMI, FL 33175

Title: ( ) Change ( ) Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LUIS H. PALLAIS DPT 07/23/2006