


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90017 024 \*\*\*158.75

<b>DOCUMENT # P94000036842</b> 1. Entity Name <b>N.J. ROSS &amp; ASSOCIATES, CORP.</b>					
Principal Place of Business <b>2900 NW 75TH STREET</b> <b>301/302</b> <b>MIAMI, FL 33147 US</b>			Mailing Address <b>420 SOUTH DIXIE HWY</b> <b>2-K</b> <b>CORAL GABLES, FL 33146 US</b>		
2. Principal Place of Business <b>3032 NW 72 AVE</b>		3. Mailing Address  			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>MIAMI, FLORIDA</b>		City & State 		4. FEI Number <b>65-0492360</b>	
Zip <b>33122</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SOTO, ROSSANNA</b> <b>3128 COCONUT GROVE DR</b> <b>CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name <b>Rossanna Soto</b> Street Address (P.O. Box Number is Not Acceptable) <b>822 Jeronimo Dr.</b> City <b>CORAL GABLES</b> <b>FL</b> Zip Code <b>33146</b>		
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 <u><i>Rossanna Soto</i></u> <b>ROSSANNA SOTO / PRESIDENT</b> <span style="float: right;">03-07-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SOTO, ROSSANNA 3128 COCONUT GROVE DR CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
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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: <u><i>Rossanna Soto</i></u> <b>ROSSANNA SOTO / PRESIDENT</b> <span style="float: right;">03-07-06 (305) 592-6767</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					