


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000022034 1. Entity Name NARANJA TRADING POST AND PAWN, INC.	
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Principal Place of Business 26750 S. DIANE HIGHWAY NARANJA, FL 33032	Mailing Address 26750 S. DIANE HIGHWAY NARANJA, FL 33032
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DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E004 (10/03)

4. FBI Number 65-0568315	Applied For Not Applicable
8. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

d. Name and Address of Current Registered Agent

VALDO STRENTA
34751 S.W. 144 AVE.
PRINCETON, FL 33032

**DO NOT WRITE
IN THIS SPACE**

I, 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.

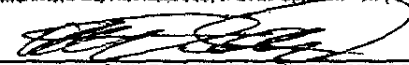
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable [NOTE: Registered Agent signature required when re-appointing]

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000057295 02/19/04-80055-024 150.00
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10 OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRENTA, VALDO 24751 SW 144 AVENUE PRINCETON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STRENTA, MONTY 24751 S.W. 144 AVENUE PRINCETON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRENTA, ROBERTO 16303 SW 278 ST HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

I, I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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 507, 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 ILC-empowered.

SIGNATURE:  DATE: 2/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF QUALIFYING OFFICER OR DIRECTOR City Deputy Phone #