

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000022034
 1. Entity Name
NARANJA TRADING POST AND PAWN, INC.



Principal Place of Business Mailing Address
26750 S. DIXIE HIGHWAY **26750 S. DIXIE HIGHWAY**
NARANJA, FL 33032 **NARANJA, FL 33032**

DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0568315 Not Applicable

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

6. Name and Address of Current Registered Agent
VALDO STRENTA
34751 S.W. 144 AVE.
PRINCETON, FL 33032

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/05
 Date Daytime Phone #