


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILE
Feb 03, 2006
Secretary

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



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

Mailing Address
 26750 S. DIXIE HIGHWAY
 NARANJA, FL 33032

DO NOT WRITE IN THIS SPACE



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0568315

Applied For
 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	STRENTA, VALDO
STREET ADDRESS	24751 SW 144 AVENUE
CITY- ST -ZIP	PRINCETON, FL
TITLE	T
NAME	STRENTA, MONTY
STREET ADDRESS	24751 S.W. 144 AVENUE
CITY- ST -ZIP	PRINCETON, FL
TITLE	D
NAME	STRENTA, ROBERTO
STREET ADDRESS	16303 SW 276 ST
CITY- ST -ZIP	HOMESTEAD, FL 33031
TITLE	
NAME	
STREET ADDRESS	
CITY- ST -ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST -ZIP	

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UD0000417685
 02/13/06-80085-014 150.00

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:  1/27/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Year

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.

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