


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90004 026 ***150.00

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



02052007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

VALDO STRENTA
~~34751 S.W. 144 AVE.~~ *26750 So Dixie Hwy*
~~PRINCETON, FL 33032~~ *Naranja 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 re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 <i>26750 So Dixie Hwy</i> PRINCETON, FL <i>Naranja FL 33032</i>
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 <i>26750 So Dixie Hwy</i> 16300 SW 278 ST <i>Naranja FL 33032</i> 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

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:  *2/19/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #