

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000067284

1. Entity Name
NINJA, CORP.



Principal Place of Business

9838 US 19
PORT RICHEY, FL 34668 US

Mailing Address

9838 US 19
PORT RICHEY, FL 34668



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3396164

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

ELIAS, ELIZABETH
9838 US 19
PORT RICHEY, FL 34668

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME ELIAS, ELIZABETH
STREET ADDRESS 9838 US 19
CITY-ST-ZIP PORT RICHEY, FL

TITLE V
NAME ELIAS, HANI
STREET ADDRESS 2419 COMMACK COURT
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE T
NAME STOWELL, TERESA
STREET ADDRESS 11115 TAFT DR.
CITY-ST-ZIP PORT RICHEY, FL 34668

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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02/11/04-80078-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth Elias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/04

Date

(727) 842-9146

Daytime Phone #

Elizabeth Elias