

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000097303

1. Entity Name
NOTEBOOKS R US, INC.



Principal Place of Business

5245 NW 36TH ST.
SUITE 208
MIAMI, FL 33166

Mailing Address

5245 NW 36TH ST.
SUITE 208
MIAMI, FL 33166

2. Principal Place of Business
7214 NW 31st Street

Suite, Apt. #, etc.

3. Mailing Address
7214 NW 31st Street

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip
33122

Country
Dade

City & State
Miami, Florida

Zip
33122

Country
Dade

03022006 Chg-P CR2E034 (11/05)

400600



4. FEI Number
65-0711827

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, ISMAEL
5245 NW 36TH ST.
#208
MIAMI, FL 33166

Name
Gonzalez, Ismael

Street Address (P.O. Box Number is Not Acceptable)
7214 NW 31st Street

City
Miami,

FL Zip Code
33122

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

Ismael Gonzalez

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

(NOTE: Registered Agent signature required when reinstating)

DATE
3/18/06

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
GONZALEZ, ISMAEL
14232 SW 180 TERR.
MIAMI, FL 33177

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
GONZALEZ, MARIA ELENA
14232 SW 180 TERRACE.
MIAMI, FL 33166

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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.

3/18/06

SIGNATURE:

Ismael Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #