2005

~~2004~~ FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 FEB 14 AM 11: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000081542

1. Entity Name
NEJRA, INC.

Principal Place of Business	Mailing Address
7620 & 7640 KIMBERLY BLVD NORTH LAUDERDALE, FL 33068	741 CYPRESS POINTE DRIVE EAST PEMBROKE PINES, FL 33027

DO NOT WRITE IN THIS SPACE

04142004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0867937

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARDSON, JOSEPH D
741 CYPRESS POINTE DRIVE EAST
PEMBROKE PINES, FL 33027

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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.

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	PVST
NAME	RICHARDSON, JOSEPH D
STREET ADDRESS	741 CYPRESS POINTE DRIVE EAST
CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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02/22/05--01013--017 **150.00

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 02-12-05 904 433-5836
Signature and typed or printed name of signing officer or director / Date / Daytime Phone #

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