2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2006 8:00 am Secretary of State 04-05-2006 90146 044 ***150.00

DOCUMENT # P98000081542	
1. Entity Name	ALC: U
NEJRA, INC.	388
of the second se	DESTRUCTION OF A

NEJKA,	INC.						
7620 & 76	40 KIMBERLY BLVD IDERDALE, FL 33068	Mailing Address 318 Brade	nham L 33328	ane 40	044331 manamanan	HI BRIDH (BUR) (BRI) AK	III BURKA MANAKU M'AREK
2. Principal	Place of Business	3. Mailing Address					
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		0321200	6 Chg-P	CR2E034 (11/05)
City & Sta	ate	City & State		4. FEI Nun	nber 367937		Applied For
Zip	Country	Zip	Country	··· · · · · · · · · · · · · · · · · ·	ite of Status Desired		75 Additional Required
	6. Name and Address of Current R	legistered Agent	 	7. Name a	nd Address of New R		
			Name			•	
33/8	Braden ham La Braden ham La e FL 33328	ne	Street	Address (P.O. Box Nurr	ber is Not Acceptable	e)	
DAVI	e FL 33328		City			FL Z	Zip Code
SIGNATURE	e named entity submits this statement for tions of registered agent. Signature, typed or panied name of registered agent and E NOW!!! FEE IS \$150.00		E: Flegistored Agorit signa	or registered agent, or but the required when reinstating) \$5.00 May Be	oth, in the State of Flo	vida. I am famili	ar with, and acce
After M	ay 1, 2006 Fee will be \$550.00	Trust Fund Contr		Added to Fees			·
10.	OFFICERS AND DI		11.	ADDITIONS	CHANGES TO OFF	CERS AND DIRE	CTORS IN 11
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PUST RICHARDSON, JOSEPH D 33/8 Bradenha	m Lane	TITLE NAME STREET ADDRESS CITY-ST-ZIP				thange Addition
TITLE NAME SIREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			c	hange 🗋 Addilio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Cf	nange 🗌 Addition
ITILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CTTY-ST-ZIP			☐ Ch	nange 🔲 Addirior
TITLE NAME STREET ADDRESS CITY-SI-ZIP	٠.	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST. 78			☐ Chi	ange Addition
ITLE IAME TREET ADDRESS	18 (17 Rue + 11 - 11 - 11)	☐ Defete	CITY-SI-ZIP TITLE NAME: STREET ADDRESS	T. M. A		Cha	inge 🔲 Addition
ITY-ST-ZIP -	****		CITY CT 700		• •		

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