

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P990000090944

1. Entity Name
NRJ SOCIETE CORPORATION



Principal Place of Business

**501 BRICKELL KEY DRIVE
SUITE 602
MIAMI, FL 33131**

Mailing Address

**501 BRICKELL KEY DRIVE
SUITE 602
MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0954392

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DIAZ-BALART, RAFAEL
501 BRICKELL KEY DRIVE
SUITE 602
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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, 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
**DP
MAIRONE, GAVRIEL
501 BRICKELL KEY DRIVE, # 602
MIAMI, FL 33131**

TITLE
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CITY-ST-ZIP

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000000449633
03/09/06-80063-003 150.00

**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 the empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/06 305 358 8900

Date

Day/Time Phone #