2006 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				Apr 28, 2006 08:00		
DOCU 1. Entity Nan	MENT # P990000995		Apr 28, 2006 08:00 Secretary of State			
	NREHOUSE INVESTMENTS V	I, INC.				
-	ce of Business	Mailing Address				
10165 NW 1 Miami, FL 3		10165 NW 19 STREET MIAMI, FL 33172				
mne us						
DO NOT WRITE IN THIS SPA			^ =	04082006	No Chg-P	CR2E034 (11/05)
L	O NOT WRITE	IN I MIS SPA	CE	4. FEI Numb 65-096		Applied For Not Applicable
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	istered Agent			, , , , , , , , , , , , , , , , , , ,	•
EASTON, EDWARD W 10165 NW 19 STREET				DO	NOT W	/RITE
MIAMI, FL 33172				IN T	THIS SE	PACE
8. The above the obligat	e named entity submits this statement for th tions of registered agent.	e purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flo	orida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and t	itle if applicable. (NOTE, Registere	ed Agent signatufe required	when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				00 May Be ed to Fees		
10.	OFFICERS AND DIF	ECTORS	1		· <u> </u>	
TITLE NAME	T EASTON, EDWARD W					
STREET ADDRESS	10165 NW 19 ST					
CITY-ST-ZIP	MIAMI, FL 33172		Į		(timmm	norono 47
TALE					10000 100020	00539947 6-80119-010 158.79
NAME Street Address					~~. ~. ~. ~. ~ .	o corre ere foori
CITY-ST-ZIP						
TITLE			1			
NAME STREET ADDRESS						
CITY-ST-ZIP			ł	DO	NOT W	RITE
TITLE			1	INI T	THIS SF	DACE
NAME			•	114		MUE
STREET ADDRESS CITY-ST-ZIP			1			
TITLE			1			
NAME			I			

12. I hereby certify that the information supplied with this filling 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. APR 3 7 2006

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-593- Z222 Daystrie Phone #

Date