## 2006 FOR PROFIT CORPORATION

## **FILED** Apr 26, 2006 08:00 AM

ANNUAL REPORT				<b></b>	Secretary of State			
DOCU	MENT # S47700			<b>a</b>	Secre	cary or s	Juic	
1. Entity Name NATIONAL BROKERAGE, INC.								
				9				
Principal Plac	e of Business	Mailing Address	<del></del>	_				
12060 NW SOUTH RIVER DR. 12060 NW SOUTH RIVER DR. MEDLEY, FL 33178 MEDLEY, FL 33178								
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_	n ya kimi waliki	and the second of the second		4. FEI Num 65-03	40572		Not Applicable	
		The state of the s		5. Certifica	e of Status Desired		5 Additional tequired	
	6. Name and Address of Current I	Registered Agent				, , , , , , , , , , , , , , , , , , ,	A STATE OF THE STA	
RIVERO, I	LUIS S., ESQ.			חת	NOT V	/RITE		
2600 SW 37TH AVE. SUITE 307		٠		Ta	, .; , ;	* * * * * * * * * * * * * * * * * * *		
CORAL GABLES, FL 33134				IN	THIS S	PACE		
		_	· ·			<u> </u>		
	e named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or reg	gistered agent, or t	ooth, in the State of I	florida. I am familia	ar with, and accept	
SIGNATURE.								
Old/Whithe	Signature, typed or printed name of registered agent a	and ditte if epplicable (NOTE Registere	d Agent signature n	squired when reinstating)	<del></del>	DATE		
	E NOWIN FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	Election Campaign Final Trust Fund Contribution.	ncing 🔲	\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	1	· · · · · · · · · · · · · · · · · · ·				
TITLE	D ACOSTA, ALEJANDRO						-	
STREET ADDRESS	12060 NW SOUTH RIVER DR.		•			•	***	
SITLE	MEDLEY, FL		··· · · · ·		a de la companya de l		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
NAME	ELORTEGUI, MARTA	<u>_</u> .	}	•		10535326		
STREET ADDRESS CITY-57-ZIP	12060 NW S RIVER DR MEDLEY, FL 33178		}	•	02/08/06	S-8 <b>0048-</b> 01	3 150.00	
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TITLE NAME			•	IN	THIS S	PACE	• •	
STREET ADDRESS City-St-ZIP			1	No. of Contract of			a salah ka salah s	
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NAME	<b>,</b>		ł			* * * *		

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 it made under only, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 802. 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.

STREET ADDRESS

SIGNATURE: ALEJANDRO ACOSTA

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR MRECTOR

(305)888-1717 Daytimo Phone