04/28/2006 02:24 7862420487 NEIBAUR &

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May 03, 2006 8:00 am
Secretary of State
05-03-2006 90201 039 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V41104

1. Entity Name
N.A. LAND CLEANING INC.

40080736

Principal Place of Business	Mailing Address
7060 S.W. 13 TERRACE MIAMI, FL 33144	10720 CARIBBEAN BLVD 440 MIAMI, FL 33-1899

03302006 No.Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

65-0337221 Not Applicable

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

6. Name and Address of Current Registered Agent

NEIBAUR, NANCY
10720 CARIBBEAN BLVD SUITE 440
MIAMI, FL 33189

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, in the State of Florida. I am familiar with 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	PD
NAME	NAVARRO, EVELIO
STREET ADDRESS	7060 SW 13 TERR
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	TS
NAME	NAVARRO, EVIDIO
STREET ADDRESS	1040 S.W. 70 AVENUE
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	DV
NAME	NAVARRO, ALBERTO
STREET ADDRESS	7060 SW 13 TERR
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #