


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V44280</b> 1. Entity Name NAFA EQUITIES INC.	
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Principal Place of Business 2000 ISLAND BLVD. STE 2309 AVENTURA, FL 33160 US	Mailing Address 2000 ISLAND BLVD. STE 2309 AVENTURA, FL 33160 US
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04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0342314	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

**DO NOT WRITE  
IN THIS SPACE**

6. Name and Address of Current Registered Agent  SOKOLOFF FREEMAN, NANCE 2000 ISLAND BLVD. STE 2309 AVENTURA, FL 33160
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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 \_\_\_\_\_ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11/000537372  
05/09/06-80016-009.150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SOKOLOFF FREEMAN, NANCE 2000 ISLAND BLVD. #2309 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FREEMAN, ALAN L 2000 ISLAND BLVD. #2309 AVENTURA, FL 33160
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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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/06  
Date

Daytime Phone #

ALAN L. FREEMAN