
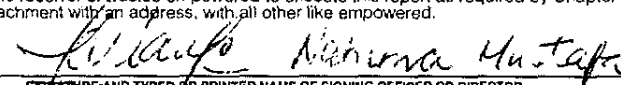


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000078485</b>					
1. Entity Name NAYANI INVESTMENT, CORP.					
Principal Place of Business 7270 NW 66ST MIAMI, FL 33166 US			Mailing Address 7270 NW 66ST MIAMI, FL 33166 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
				04292004 Chg-P CR2E034 (10/03)	
				4. FEI Number 65-0880072	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARRICES, ADOLFO 4246 SW 153 PLACE MIAMI, FL 33185			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL Zip Code
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD			TITLE	
NAME	MUSTAFA, JOSE	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	10730 NW 66TH ST #308			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	MUSTAFA, NAHIMA			NAME	
STREET ADDRESS	10730 NW 66TH ST #308			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	
NAME	MUSTAFA, RAMONA			NAME	
STREET ADDRESS	10730 NW 66TH ST #308			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	MUSTAFA, NIURKA			NAME	
STREET ADDRESS	10730 NW 66TH ST #308			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	MUSTAFA, YASSER			NAME	
STREET ADDRESS	10730 NW 66TH ST #308			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	ZOPPI, GERMAN R			NAME	
STREET ADDRESS	7270 NW 66TH STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33166			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 		Date: 4/29/04		Daytime Phone #: 3925251	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

