2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State
02-20-2006 90057 044 ***150.00

66006716

DOCUMENT # P04000136778

1. Entity Name
F N N INVESTMENTS INC.

Principal Place of Business	Mailing Address
2700 W ATLANTIC BLVD #200-14 POMPANO BEACH, FL 33069	2700 W ATLANTIC BLVD #200-14 POMPANO BEACH, FL 33069

02012006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
3300 N. Palm Aire Dr.	3300 N. Palm Aire Dr
Suite, Apt. #, etc. # 109	Suite, Apt. #, etc. # 109
City & State Pompano Beach	City & State Pompano Beach
Zip 33069 Country BROWARD	Zip 33069 Country BROWARD

4. FEI Number 20-1713904 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NEIMAN, NELLY V
2700 W ATLANTIC BLVD #200-14
POMPANO BEACH, FL 33069

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP NEIMAN, NELLY V 3300 N PALM AIRE DR #109 POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV INFANTE, FRANCISCO 3300 N PALM AIRE DR #109 POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS URIARTE, NELLY 3300 N PALM AIRE DR #109 POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ourlissene Natalie 505 Oaks Ln. Apt# 305 Pompano Beach. FL. 33069	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: (X) _____ 03-01-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #