

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000085335

**Entity Name:** NIAANIN INC.

**Current Principal Place of Business:**

16450 N.W. 2ND AVE  
209  
NORTH MIAMI, FL 33169

**Current Mailing Address:**

16450 N.W. 2ND AVE  
209  
NORTH MIAMI, FL 33169 U.

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRAHAM, NINA  
16450 N.W. 2ND AVE  
APT 209  
NORTH MIAMI, FL 33169 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name NINA, GRAHAM  
Address 16450 N.W. 2ND AVE .  
City-State-Zip: NORTH MIAMI FL 33169

Title VP  
Name BARKLEY, BEVERLY  
Address 16450 N.W. 2ND AVE 209  
City-State-Zip: NORTH MIAMI FL 33169

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NINA GRAHAM

**OWNER**

**02/06/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date