

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000005387

FILED
Nov 22, 2006
Secretary of State

Entity Name: NANAY COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

659 NE 125 STREET
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

659 NE 125 STREET
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 20-0054523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCE, JOCELYN H M.D.
659 NE 125 STREET
NORTH MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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: JOCELYN H. BRUCE M. D.

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRUCE, JOCELYN H M.D.
Address: 659 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: VP () Delete
Name: TRINIDAD, BENNIE
Address: 659 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: SD () Delete
Name: TANG, VENGHAN H
Address: 659 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: TD () Delete
Name: GARCIA, RICARDO
Address: 659 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: D () Delete
Name: RIVERA, ELENITA
Address: 659 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: D () Delete
Name: WHANG, JOSEPHINE
Address: 659 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOCELYN H. BRUCE M.D.

MS.

11/22/2006

Electronic Signature of Signing Officer or Director

Date