

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005589

FILED
Feb 14, 2006
Secretary of State

Entity Name: NANAY, INC.

Current Principal Place of Business:

659 NE 125TH ST
N MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

659 NE 125TH ST
N MIAMI, FL 33161 US

New Mailing Address:

FEI Number: 65-0539480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRUCE, JOCELYN H
7601 E TREASURE DR
SUITE 2001
N BAY VILLAGE, FL 33141 US

Name and Address of New Registered Agent:

BRUCE, JOCELYN H
659 NE 125 ST
NORTH MIAMI, FL 33161 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:

02/14/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: JOCELYN, BRUCE H
Address: 7601 E TREASURE DR, #2001
City-St-Zip: N BAY VILLAGE, FL 33141

Title: COB () Delete
Name: STOKESBERRY, JOHN
Address: 934 NE 91ST TERRACE
City-St-Zip: MIAMI SHORES, FL 33138

Title: S () Delete
Name: DEL ROSARIO, ROSE MARIE
Address: 3901 INDIAN CREEK RD, #506
City-St-Zip: MIAMI BEACH, FL 33140

Title: T () Delete
Name: GOZON, MIKE
Address: 921 NE 158 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D () Delete
Name: FALDAS, MARION
Address: 400 NE 100 STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: D () Delete
Name: WINNETT, NIDA
Address: 11761 SW 52 CT
City-St-Zip: COOPER CITY, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: JOCELYN, BRUCE H
Address: 659 NE 125 ST
City-St-Zip: NORTH MIAMI, FL 33161

Title: COB (X) Change () Addition
Name: WHANG, SANG
Address: 8845 SW 148TH DRIVE
City-St-Zip: MIAMI, FL 33158

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: MARION FALDAS

D

02/14/2006

Electronic Signature of Signing Officer or Director

Date