


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90007 042 ***150.00

DOCUMENT # P00000008211					
1. Entity Name N & S INVEST TRADING CORP.					
Principal Place of Business 18861 BISCAYNE BLVD. NORTH MIAMI BEACH, FL 33180-2839			Mailing Address 18861 BISCAYNE BLVD. NORTH MIAMI BEACH, FL 33180-2839		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 19275 BISCAYNE BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 36			
City & State		City & State AVENTURA FL		4. FEI Number 65-0982340	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33180		Country		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GREENSHER, ESTHER 1470 STILL WATER DR. MIAMI, FL 33141			7. Name and Address of New Registered Agent Name ESQUENAZI, SALVADOR Street Address (P.O. Box Number is Not Acceptable) 19275 BISCAYNE BLVD # 36 City AVENTURA FL Zip Code 33180		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>Salvador Esquenazi</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PST ESQUENAZI, SALVADOR 18861 BISCAYNE BLVD. 19275 NORTH MIAMI BEACH, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ESQUENAZI, SALVADOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18861 BISCAYNE BLVD # 36 AVENTURA FL 33180	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.					
SIGNATURE: <i>Salvador Esquenazi</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 305-937-4571 <small>Daytime Phone #</small>		

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