

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000037242

Entity Name: MCNAM ENTERPRISES, INC.

FILED
Feb 19, 2005
Secretary of State

Current Principal Place of Business:

2016 BROADWAY
RIVIERA BEACH, FL 33404 US

New Principal Place of Business:

Current Mailing Address:

2016 BROADWAY
RIVIERA BEACH, FL 33404 US

New Mailing Address:

FEI Number: 65-1022412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAQUE, NURUL
4379A WILLOW POND RD
WEST PALM BEACH, FL 33417 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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAQUE, NURUL
Address: 4379-A WILLOW POND ROAD
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VD () Delete
Name: HUSSAIN, CHOWDHURY F
Address: 5082 WILLOW POND ROAD WEST
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VD () Delete
Name: ALI, MOHAMMED M
Address: 5150 WILLOW POND ROAD WEST
City-St-Zip: WEST PALM BEACH, FL 33417

Title: STD () Delete
Name: A.K.M. AHMED,
Address: 2016 BROADWAY
City-St-Zip: RIVIERA BEACH, FL 33404

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NURUL HAQUE

PD

02/19/2005

Electronic Signature of Signing Officer or Director

Date