

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 01, 2004 8:00 am
Secretary of State

06-18-2004 90001 039 ***150.00

DOCUMENT # P00000040824

1. Entity Name
NNI, INC.



Principal Place of Business
**667 NW 118TH STREET
MIAMI, FL 33168**

Mailing Address
**667 NW 118TH STREET
MIAMI, FL 33168**

66429271



06152004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1014100

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GANJU, DEEPAK
10400 NE 5TH AVE.
MIAMI SHORES, FL 33138**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

06/28/04
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **GANJU, DEEPAK**
STREET ADDRESS **10400 NE 5TH AVE.**
CITY-ST-ZIP **MIAMI, FL 33138**

TITLE **VP**
NAME **GANJU, CHANDER**
STREET ADDRESS **10400 NE 5TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33138**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06/28/04
Daytime Phone #