

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90032 028 ***150.00

DOCUMENT # P00000077600					
1. Entity Name NIDAL INVESTMENTS, INC.					
Principal Place of Business 4545 NW 7TH STREET SUITE 12 MIAMI, FL 33126			Mailing Address 4545 NW 7TH STREET SUITE 12 MIAMI, FL 33126		
2. Principal Place of Business		3. Mailing Address P.O. Box 133398			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Hialeah, FL			
Zip	Country	Zip 33013	Country USA	4. FEI Number 65-1035888	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AHMAD, ABDEL R 6720 WHITE OAK DRIVE MIAMI LAKES, FL 33014			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PVST	NAME AHMAD, ABDEL R		<input type="checkbox"/> Delete		
STREET ADDRESS 6720 WHITE OAK DRIVE	MIAMI LAKES, FL 33014		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME AHMAD, ABDEL R		<input type="checkbox"/> Delete		
STREET ADDRESS 6720 WHITE OAK DRIVE	MIAMI LAKES, FL 33014		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME AHMAD, NEDAL		<input type="checkbox"/> Delete		
STREET ADDRESS 6720 WHITE OAK DRIVE	MIAMI LAKES, FL 33014		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Delete		
CITY-ST-ZIP	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Delete		
CITY-ST-ZIP	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Delete		
CITY-ST-ZIP	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 all other like empowered.					
SIGNATURE: _____			1/17/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		