

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90005 045 ***150.00

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02092006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000015688 1. Entity Name N. R. INVESTMENTS, INC.			
Principal Place of Business 309 SE 9TH STREET HALLANDALE, FL 33009		Mailing Address 309 SE 9TH STREET HALLANDALE, FL 33009	
2. Principal Place of Business 18425 NW 2nd Ave Suite Apt. #, etc. 350 City & State Miami Gardens FL Zip 33069 Country USA		3. Mailing Address 18425 NW 2nd Ave Suite Apt. #, etc. 350 City & State Miami Gardens FL Zip 33169 Country USA	
4. FEI Number 65-1088215		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHOSHANI, NIR 1430 SHORELINE WAY HOLLYWOOD, FL 33019		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18425 NW 2nd Ave #350 City Miami Gardens FL Zip 33169	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DS GOTTESMAN, RON 309 SE 9 STREET HALLANDALE, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18425 NW 2nd Ave #350 Miami Gardens FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHOSHANI, NIR 1430 SHORELINE WAY HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18425 NW 2nd Ave #350 Miami Gardens FL 33169
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
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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 all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			