2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007
Secretary of State

DOCUMENT# P01000086895

Entity Name: NAMA FINANCIAL SERVICES, INC.

Current Principal Place of Business:

510 N. FEDERAL HWY.
HALLANDALE, FL 33009

New Principal Place of Business:

500 N. FEDERAL HWY.
HALLANDALE, FL 33009

Current Mailing Address:

510 N. FEDERAL HWY.
HALLANDALE, FL 33009

New Mailing Address:

500 N. FEDERAL HWY.
HALLANDALE, FL 33009

FEI Number: 20-0822100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AZADI, ARMAN
510 N. FEDERAL HWY.
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

AZADI, ARMAN
500 N. FEDERAL HWY.
HALLANDALE, FL 33009 US

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: ARMAN AZADI 07/16/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: AZADI, ARMAN
Address: 500 N FEDERAL HWY
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: S ( ) Delete
Name: COOPER, DORA
Address: 500 N FEDERAL HWY
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: AZADI, DORA
Address: 500 N FEDERAL HWY
City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DORA AZADI S 07/16/2007
Electronic Signature of Signing Officer or Director Date