

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000105430

Entity Name: NNS TRADING INC.

FILED  
Feb 03, 2004  
Secretary of State

## Current Principal Place of Business:

3321 RALEIGH STREET  
SUITE 3-J  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

C/O ILAN SHIMON  
604 COLLINS AVENUE 3J  
MIAMI BEACH, FL 33021

## Current Mailing Address:

100 N BISCAYNE BLVD  
SUITE 2608  
MIAMI, FL 33132

## New Mailing Address:

FEI Number: 65-1156757      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHIMON, ILAN  
3321 RALEIGH STREET  
SUITE 3-J  
HOLLYWOOD, FL 33021

## 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: P ( ) Delete  
Name: SHIMON, ILAN  
Address: 3321 RALEIGH STREET 3-J  
City-St-Zip: HOLLYWOOD, FL 33021

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SHIMON, ILAN  
Address: 604 COLLINS AVENUE 3J  
City-St-Zip: MIAMI BEACH, FL 33139

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: ILAN SHIMON

PRES

02/03/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date