

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000025730

1. Entity Name
N. R. INVESTMENTS 2, INC.



**FILED
Feb 13, 2006 8:00 am
Secretary of State**

02-13-2006 90005 044 ***150.00

60014431



02092006 Chg-P CR2E034 (11/05)

Principal Place of Business
309 SE 9TH STREET
HALLANDALE BEACH, FL 33009

Mailing Address

309 SE 9TH STREET
HALLANDALE BEACH, FL 33009

2. Principal Place of Business

18425 NW 2nd Ave
(Suite) Apt. #, etc.
350

3. Mailing Address

18425 NW 2nd Ave
(Suite) Apt. #, etc.
350

City & State

Miami Gardens FL

City & State

Miami Gardens FL

Zip 33169

Country USA

Zip 33169

Country USA

4. FEI Number

01-0631760

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SHOSHANI, NIR
1430 SHORELINE WAY
HOLLYWOOD, FL 33019

Name

Street Address (P.O. Box Number is Not Acceptable)

18425 NW 2nd Ave #350

City Miami Gardens FL Zip Code 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

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

(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
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VSD
NAME GOTTESMAN, RON
STREET ADDRESS 309 SE 9 STREET
CITY-ST-ZIP HALLANDALE, FL 33009

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

18425 NW 2nd Ave #350
Miami Gardens FL 33169

TITLE PD
NAME SHOSHANI, NIR
STREET ADDRESS 1240 SHORELINE WAY
CITY-ST-ZIP HOLLYWOOD, FL 33019

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

18425 NW 2nd Ave #350
Miami Gardens FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #