



2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-13-2006 90005 046 ***150.00

DOCUMENT # P02000025733 1. Entity Name N. R. INVESTMENTS 3, INC.					
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		4. FEI Number 01-0631872	
Zip 33169		Country USA		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 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 _____ (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. <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	VSD GOTTESMAN, RON 309 SE 9TH STREET HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	18425 NW 2nd Ave #350 Miami Gardens FL 33169	
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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	
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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: _____ Date _____ Daytime Phone # _____					