

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90139 033 \*\*\*150.00

**DOCUMENT #** P02000048759  
**1. Entity Name**  
  
**NAMIN CONSTRUCTION & DEVELOPMENT, INC.**

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 1951 NW 141 STREET Suite, Apt #, etc BAY 9 City & State OPA-LOCKA, FL Zip 33054		<b>3. Mailing Address</b> 1951 NW 141 STREET Suite, Apt. #, etc, BAY 9 City & State OPA-LOCKA, FL Zip 33054	
Country		Country	

<b>4. FEI Number</b> 82-0542674	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	

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<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	Name BEHZAD M. NAMIN	
	Street Address (P.O. Box Number is Not Acceptable) 1951 NW 141 ST BAY 9	
	City OPA LOCKA	FL Zip Code 33054

**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** BEHZAD M NAMIN 4/28/2005  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FEE IS \$61.25</b> Initial or Amended UBR	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to</b> Florida Department of State
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BEHZAD M NAMIN 1951 NW 141 ST OPA LOCKA, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** BEHZAD M NAMIN, PRES 4/28/2005 (305) 681-6989  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #