


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000073642	
1. Entity Name NANA WHOLESALE DISTRIBUTION CENTER, INC.	

Principal Place of Business 180 NW 62ND ST MIAMI, FL 33150	Mailing Address 180 NW 62ND ST MIAMI, FL 33150
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04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0675186	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent JOHNSON, MORRIS 1040 NW 57TH STREET MIAMI, FL 33142

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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 _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, MORRIS DR. 1040 NW 57TH STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STRINGER, CHARLES 3555 NW 96TH STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHRISTIAN, MAE 4824 NW 15TH COURT MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUHAMMAD, NIA 22 NW 62ND STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, GLENN 180 NW 62ND STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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: 	Director	4/26/05	305-736-8605
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

Morris Johnson