

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000073642

FILED
Apr 30, 2007
Secretary of State

Entity Name: NANA WHOLESALE DISTRIBUTION CENTER, INC.

Current Principal Place of Business:

180 NW 62ND ST
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

180 NW 62ND ST
MIAMI, FL 33150

New Mailing Address:

FEI Number: 65-0675186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, MORRIS
1040 NW 57TH STREET
MIAMI, FL 33142 US

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: JOHNSON, MORRIS DR.
Address: 1040 NW 57TH STREET
City-St-Zip: MIAMI, FL 33142

Title: VP () Delete
Name: STRINGER, CHARLES
Address: 3555 NW 96TH STREET
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: CANNON-EL, GREGG
Address: 180 NW 62ND STREET
City-St-Zip: MIAMI, FL 33150

Title: T () Delete
Name: MUHAMMAD, NIA
Address: 22 NW 62ND STREET
City-St-Zip: MIAMI, FL 33150

Title: S () Delete
Name: LEFLORE, TERESA
Address: 180 NW 62ND STREET
City-St-Zip: MIAMI, FL 33150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MORRIS JOHNSON

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date