

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

02-20-2006 90057 044 ***150.00

DOCUMENT # P04000136778 1. Entity Name F N N INVESTMENTS INC.			
Principal Place of Business 2700 W ATLANTIC BLVD #200-14 POMPANO BEACH, FL 33069		Mailing Address 2700 W ATLANTIC BLVD #200-14 POMPANO BEACH, FL 33069	
2. Principal Place of Business 3300 N. Palm Aire Dr. Suite/Apt., etc. #109 City & State Pompano Beach Zip 33069 Country BROWARD		3. Mailing Address 3300 N. Palm Aire Dr. Suite/Apt., etc. #109 City & State Pompano Beach Zip 33069 Country BROWARD	
4. FEI Number 20-1713904		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEIMAN, NELLY V 2700 W ATLANTIC BLVD #200-14 POMPANO BEACH, FL 33069		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State FL Zip Code _____	
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 reappointing) Signature, typed or printed name of registered agent and title if applicable. 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP NEIMAN, NELLY V 3300 N PALM AIRE, DR #109 POMPANO BEACH, FL 33069	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV INFANTE, FRANCISCO 3300 N PALM AIRE, DR #109 POMPANO BEACH, FL 33069	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS URIARTE, NELLY 3300 N PALM AIRE, DR #109 POMPANO BEACH, FL 33069	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
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 03-01-2006	

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