


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90042 021 \*\*\*150.00

<b>DOCUMENT # P04000159298</b>			
1. Entity Name <b>V &amp; N DEVELOPMENT CORPORATION</b>			
Principal Place of Business <b>14922 S.W. 20 STREET MIRAMAR FL 33027 US</b>		Mailing Address <b>P.O. BOX 551721 OPA LOCKA FL 33055 US</b>	
2. Principal Place of Business - No P.O. Box # <b>(SAME)</b>		3. Mailing Address <b>P.O. BOX 825661 PEMBROKE PINES, FLA. 33082-5661</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number <b>81-0664895</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MANNINGS, NATHANIEL 14922 S.W. 20 STREET MIRAMAR FL 33027</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Nathaniel Mannings</i> <b>NATHANIEL MANNINGS</b> <b>02-05-08</b> <small>Signature, typed or printed name of the registered agent and date of application. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINN, VERNON V P.O. BOX 551721 MIAMI FL 33055 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINN, VERNON V P.O. BOX 825661, PEMBROKE PINES FLA. 33082-5661 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNINGS, NATHANIEL P.O. BOX 551721 MIAMI FL 33055 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATHANIEL MANNINGS P.O. BOX 825661 PEMBROKE PINES, FLA. 33082-5661 <input checked="" 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 Section 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: <i>Nathaniel Mannings</i> <b>NATHANIEL MANNINGS</b> <b>02-05-08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



1st MOORE CR2E034 (10/07)