


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90032 049 ***155.00

DOCUMENT # P06000048618	
1. Entity Name N & M TRANS USA CORP.	

Principal Place of Business 7556 ROCKWELL AVE NORTH PORT, FL 34286	Mailing Address 7556 ROCKWELL AVE NORTH PORT, FL 34286
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2. Principal Place of Business - No P.O. Box # 7556 ROCKWELL AVE	3. Mailing Address 7556 ROCKWELL AVE
Suite, Apt. #, etc. NORTH PORT, FL	Suite, Apt. #, etc. NORTH PORT, FL
City & State	City & State
Zip 34291 Country	Zip 34291 Country



01132008 Chg-P CR2E034 (12/06)

4. FEI Number 20-4645812	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FERAD, NAIL 7556 ROCKWELL AVE NORTH PORT, FL 34286	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERAD, NAIL 7556 ROCKWELL AVE NORTH PORT, FL 34286 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Nail Ferad **01/20/08** **941-266-4896**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #