


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90058 037 ***150.00

DOCUMENT # P06000123970 1. Entity Name NJN SHEET METAL CORP.					
Principal Place of Business 21510 SW 88 AVE CUTLER BAY, FL 33189-3770			Mailing Address 21510 SW 88 AVE CUTLER BAY, FL 33189-3770		
2. Principal Place of Business - No P.O. Box # 10878 SW 188 ST		3. Mailing Address Suite, Apt. #, etc. Unit 23			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 06-1794479	
Zip 33157		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUAREZ, NINOSKA D 8145 NW 7 ST #311 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10878 SW 188 ST City MIAMI FL Zip Code 33157		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	PD SUAREZ, NINOSKA D 8145 NW 7 ST, #311 MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10878 SW 188 ST MIAMI FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTINEZ, JOSE NOEL 8145 NW 7 ST, #311 MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10878 SW 188 ST MIAMI FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA, JULIO C 8145 NW 7 ST MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10878 SW 188 ST MIAMI FL 33157
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u><i>x [Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				03/28/08 (308) 986 0065 <small>Date Daytime Phone #</small>	