

## **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000013030

Entity Name: NNR ENTERPRIZE INC

**FILED**  
**Mar 21, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

4017 W HAMILTON KEY  
ROYAL PALM, FL 33411 US

**New Principal Place of Business:**

**Current Mailing Address:**

4017 W HAMILTON KEY  
ROYAL PALM BEACH, FL 33411 US

**New Mailing Address:**

FEI Number: 20-8363467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RICHARD, EDZER  
4017 W HAMILTON KEY  
ROYAL PALM BEACH, FL 33411 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RICHARD, EDZER  
Address: 4017 W HAMILTON KEY  
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP ( ) Change (X) Addition  
Name: VALVERDE, DAVID  
Address: 4644 LAKESIDE CIR  
City-St-Zip: WEST PALM BEACH, FL 33417

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: VALVERDE DAVID

VP

03/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date