

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000026343**

1. Entity Name

N & N PROPERTY MANAGEMENT, INC.



Principal Place of Business

3686 NW 16 STREET  
LAUDERHILL FL 33311  
US

Mailing Address

PO BOX 1296  
PLYMOUTH FL 32768  
US

2. Principal Place of Business

3. Mailing Address

Suite Apt #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIMOR, NACHSHON  
3686 NW 16 STREET  
LAUDERHILL FL 33311

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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 PVPS ☐ Delete  
NAME LIMOR, NACHSHON  
STREET ADDRESS 3686 NW 16 STREET  
CITY, ST, ZIP LAUDERHILL FL 33311

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000201131  
CITY, ST, ZIP 01/28/05-80026-017 158.75

TITLE TD ☐ Delete  
NAME LIMOR, SUSAN  
STREET ADDRESS PO BOX 1296  
CITY, ST, ZIP PLYMOUTH FL 32768

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Nachshon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2005

407 852-1188

Date

Daytime Phone #