


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000049930**

1. Entity Name  
 FN AND I, INC.



Principal Place of Business  
 6924 MIRAMAR PARKWAY  
 MIRAMAR, FL 33023

Mailing Address  
 6924 MIRAMAR PARKWAY  
 MIRAMAR, FL 33023

**DO NOT WRITE IN THIS SPACE**



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0589885 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAHID, FATIMA  
 6924 MIRAMAR PARKWAY  
 MIRAMAR, FL 33023

**DO NOT WRITE IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

100000136305  
 04/28/04-80086-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ISLAM, MOHAMMED M
STREET ADDRESS	2230J SPRING HARBOR DR.
CITY - ST - ZIP	DELRAY BEACH, FL 33445
TITLE	VD
NAME	NAHID, FATIMA
STREET ADDRESS	2230J SPRING HARBOR DR.
CITY - ST - ZIP	DELRAY BEACH, FL 33445
TITLE	S
NAME	DELWAR, SHAHID MD
STREET ADDRESS	2445 SW 18TH TERR APT #103
CITY - ST - ZIP	FORT LAUDERDALE, FL 33315
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: MD SHAHID DELWAR 4/26/04 (954) 989-3771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #