


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 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



03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ISLAM, MOHAMMED M 2230J SPRING HARBOR DR. DELRAY BEACH, FL 33445 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD NAHID, FATIMA 2230J SPRING HARBOR DR. DELRAY BEACH, FL 33445 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DELWAR, SHAHID MD 2445 SW 18TH TERR APT #103 FORT LAUDERDALE, FL 33315 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

000000269224
 03/19/05-80002-020 150.00

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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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-14-05 (954)989-3771
 Date Daytime Phone #