

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000049930

Entity Name: FN AND I, INC.

FILED  
Apr 06, 2008  
Secretary of State

**Current Principal Place of Business:**

6924 MIRAMAR PARKWAY  
MIRAMAR, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

6924 MIRAMAR PARKWAY  
MIRAMAR, FL 33023

**New Mailing Address:**

FEI Number: 65-0589885

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SLOTKING, J ROBERT  
2101 N. ANDREWS AVE.  
SUITE 4000  
FT-LAUDERDALE, FL 33311 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DELWAR, SHAHID MD  
Address: 2334 N.W 139TH AVE  
City-St-Zip: SUNRISE, FL 33323

Title: VD ( ) Delete  
Name: NAHID, FATIMA  
Address: 2230J SPRING HARBOR DR.  
City-St-Zip: DELRAY BEACH, FL 33445

Title: S ( ) Delete  
Name: SHAHID, AKTER JASMIN  
Address: 2334 N.W 139TH AVE  
City-St-Zip: SUNRISE, FL 33324

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

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

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

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

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: MD SHAHID DELWAR

PD

04/06/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date