

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P96000079687</b><br>1. Entity Name<br><b>J &amp; N EXPORT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                              |
| Principal Place of Business<br><b>112 HOLLIDAY DRIVE<br/>HALLANDALE, FL 33009</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Mailing Address<br><b>112 HOLLIDAY DRIVE<br/>HALLANDALE, FL 33009</b>        |                                                                                                                               |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                                                                                                               |
| 6. Name and Address of Current Registered Agent<br><br><b>OBERTI, DANIEL<br/>112 HOLIDAY DRIVE<br/>HALLANDALE, FL 33009</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                                         |
| 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 requesting) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              |                                                                                                                               |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b>    |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PTD<br><b>OBERTI, DANIEL<br/>112 HOLLIDAY DRIVE<br/>HALLANDALE, FL 33009</b> |                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | VSD<br><b>OBERTI, NOMIC<br/>112 HOLLIDAY DRIVE<br/>HALLANDALE, FL 33009</b>  |                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                                                                                               |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 as changed, or on an attachment with an address, with all other like empowerment. |                                                                              |                                                                                                                               |
| <b>SIGNATURE:</b> _____<br>(Signature and typed or printed name of signing officer or director)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              | <b>PRESIDENT</b> <span style="float: right;"><b>4/26/06</b></span><br>Date <span style="float: right;">Clerk's Phone #</span> |



04262006 No Chg-P CR2E034 (11/05)

 4. FEI Number  
**65-0706288**

 Applied For  
 Not Applicable

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

 UN00000557441  
 05/17/06-80051-024 150.00