


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90027 033 \*\*\*150.00

<b>DOCUMENT # P97000015968</b>		
1. Entity Name <b>NAM FINANCIAL CORP.</b>		
Principal Place of Business <b>200 S BISCAYNE BLVD. SUITE 1880 MIAMI, FL 33131</b>	Mailing Address <b>200 S BISCAYNE BLVD. SUITE 1880 MIAMI, FL 33131</b>	

**00031968**



03022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0884809</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>GOLDSTEIN, DAVID M ESQ 200 S BISCAYNE BLVD. SUITE 1880 MIAMI, FL 33131</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GOLDSTEIN, DAVID M 200 S BISCAYNE BLVD. # 1880 MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRD MALNIK, ALVIN I 8780 HORSESHOE LANE 6301 N. OCEAN BLVD. BOCA RATON, FL 33496 OCEAN RIDGE FL 3388</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:** *[Signature]* **3/24/05** **561-733-3333**

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