


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90106 040 ***150.00

DOCUMENT # P97000015968	
1. Entity Name NAM FINANCIAL CORP.	

60044633



01112006 Chg-P CR2E034 (11/05)

Principal Place of Business 200 S BISCAYNE BLVD. SUITE 1880 MIAMI, FL 33131	Mailing Address 200 S BISCAYNE BLVD. SUITE 1880 MIAMI, FL 33131
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2. Principal Place of Business 6301 N. OCEAN BLVD. Suite, Apt. #, etc.	3. Mailing Address 6301 N. OCEAN BLVD. Suite, Apt. #, etc.
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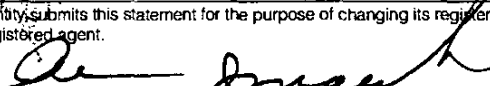
City & State OCEAN Ridge, FL.	City & State Ocean Ridge, FL
Zip 33435	Zip 33435
Country PAIM BEACH	Country Palm Beach

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

6. Name and Address of Current Registered Agent GOLDSTEIN, DAVID M ESQ 200 S BISCAYNE BLVD. SUITE 1880 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOLDSTEIN, DAVID M		NAME	
STREET ADDRESS 200 S BISCAYNE BLVD. # 1880		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33131		CITY-ST-ZIP	
TITLE MGRD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MALNIK, ALVIN I		NAME	
STREET ADDRESS 6301 N OCEAN BLVD		STREET ADDRESS	
CITY-ST-ZIP OCEAN RIDGE, FL 33495		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **3-2-06** **(561) 733-3333**

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