2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000026264

Address:

City-St-Zip:

18901 NW 55 AVENUE

OPA LOCKA, FL 33055

Entity Name: N & N INTERNATIONAL, INC.

FILED Apr 25, 2005 Secretary of State

Entity Na	me: N&NIN	TERNATIONAL, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
	/ 55 AVENUE KA, FL 33055			
Current Mailing Address:			New Mailing Address:	
	/ 55 AVENUE KA, FL 33055			
FEI Number	: 65-0740083	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of C	Current Registered Agent:	Name and Address of New Registered Agent:	
JONES, CHARLES L 9900 SW 168TH STREET SUITE #9 MIAMI, FL 33157 US			TRUJILLO, ROLANDO 256 NW 42ND AVENU MIAMI, FL 33126 US	E
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,
SIGNATURE: ROLANDO TRUJILLO				04/25/2005
	Electror	nic Signature of Registered Age	ent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (GOSINE, NARE 18901 NW 55 A OPA LOCKA, F	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	V () GOSINE, NARE 18901 NW 55 A OPA LOCKA, F	AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	S (GOSINE, NADI 18901 NW 55 / OPA LOCKA, F	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	T () GOSINE, NARE) Delete ESH	Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: NARESH GOSINE P 04/25/2005