

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000026264

Entity Name: N & N INTERNATIONAL, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

18901 NW 55 AVENUE
OPA LOCKA, FL 33055

New Principal Place of Business:

Current Mailing Address:

18901 NW 55 AVENUE
OPA LOCKA, FL 33055

New Mailing Address:

FEI Number: 65-0740083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUJILLO, ROLANDO
256 NW 42ND AVENUE
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

TRUJILLO, ROLANDO
9588 NW 41ST
DORAL, FL 33178 US

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: _____

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOSINE, NARESH
Address: 18901 NW 55 AVENUE
City-St-Zip: OPA LOCKA, FL 33055

Title: V () Delete
Name: GOSINE, NARESH
Address: 18901 NW 55 AVENUE
City-St-Zip: OPA LOCKA, FL 33055

Title: S () Delete
Name: GOSINE, NADINE
Address: 18901 NW 55 AVENUE
City-St-Zip: OPA LOCKA, FL 33055

Title: T () Delete
Name: GOSINE, NARESH
Address: 18901 NW 55 AVENUE
City-St-Zip: OPA LOCKA, FL 33055

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NARESH GOSINE

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date