


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90015 025 \*\*\*150.00

<b>DOCUMENT # P97000082731</b>	
1. Entity Name <b>N &amp; L MANAGEMENT, INC.</b>	

Principal Place of Business <b>1221 N. VENETIAN WAY MIAMI FL 33139</b>	Mailing Address <b>1221 N. VENETIAN WAY MIAMI FL 33139</b>
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2. Principal Place of Business - No P.O. Box # <b>17425 S.W. 172 ST.</b>	3. Mailing Address <b>P.O. Box 770190</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
Zip <b>33187</b>	Zip <b>33177</b>
Country <b>U.S.</b>	Country <b>U.S.</b>

4. FEI Number <b>65-0798172</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>COCINA, ILEANA 1221 N VENETIAN WAY MIAMI FL 33139</b>	
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7. Name and Address of New Registered Agent Name <b>ILEANA COCINA</b> Street Address (P.O. Box Number is Not Acceptable) <b>17425 S.W. 172 ST</b> City <b>MIAMI</b> FL Zip Code <b>33187</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 <b>X Ileana Cocina</b> <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when constituting)</small> DATE	
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CAPOTE, CARLOS 5924 ALTON RD MIAMI BEACH FL 33140</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CAPOTE, LOURDES 1221 N. VENETIAN WAY MIAMI FL 33139</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: <b>X Ileana Cocina</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>1/28/08</b> <small>Date</small>	Daytime Phone # <small>Daytime Phone #</small>
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