

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000082731

Entity Name: N & L MANAGEMENT, INC.

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

17425 SW 172 ST  
MIAMI, FL 33187

**New Principal Place of Business:**

**Current Mailing Address:**

POB 770190  
MIAMI, FL 33177

**New Mailing Address:**

FEI Number: 65-0798172

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COCINA, ILEANA  
17425 SW 172 ST  
MIAMI, FL 33187 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPC  
Name: CAPOTE, CARLOS  
Address: 5924 ALTON RD  
City-St-Zip: MIAMI BEACH, FL 33140

Title: DVP  
Name: CAPOTE, NIBALDO J  
Address: 5414 PINE TREE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: DVP  
Name: CAPOTE, ADRIAN  
Address: 17475 SW 172 STREET  
City-St-Zip: MIAMI, FL 33187

Title: S  
Name: COCINA, ILEANA  
Address: 17475 SW 172 STREET  
City-St-Zip: MIAMI, FL 33187

I hereby 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 all other like empowered.

SIGNATURE: NIBALDO J. CAPOTE

DVP

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date