2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 08:00 AN Secretary of State

| DOCUMENT # P98000050430 1. Entity Name M AND N PROPERTY INVESTMENT, INC. | | | | Secretary of State | | | |
|---|---|--|------------------------------|-----------------------------------|----------------------------|---|------------|
| Principal Plac | e of Business | Mailing Address | | | | | |
| 14566 NW 2 MIAMI, FL 3 | | 14566 NW 22ND AVE MIAMI, FL 33054 | | | | | |
| 1 111 4 11, 1 2 3 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | ## 88 ## 8 88 61888 88 | I i |
| | | | | | | | |
| | | | | 04252006 No Chg-P CR2E034 (11/05) | | | |
| | O NOT WRITE | CE | | | | or. | |
| | | | | 4. FEI Numb 65-086 | | Not Applic | _ |
| | | | | 5. Certificate | of Status Desired | \$8.75 Additional Fee Regulred | |
| | 6. Name and Address of Current F | Registered Agent | | | | | |
| DALAQ, A | NDALEEB | | | DΩ | NOT W | DITE | |
| 830 N.E. 182 TR NO. MIAMI BEACH, FL 33169 | | | | | | | |
| NO. INDIVIDENCE, P.E. 55109 | | | | IN | THIS SF | ACE | |
| 1 | | | | | 10.77% | | |
| 8. The above the obligat | e named entity submits this statement for tions of registered agent. | the purpose of changing its regist | ered office or registe | red agent, or bo | th, in the State of Fig | orida. I am familiar with, and ac | cepi |
| SIGNATURE. | | ANT Paid | ered Agent signature require | d una relation | | DATE | - , |
| | Signature, typed or printed name of registered agent a | no the if approache. In oral negative | aed Adem signature redone | u wierreiszung/ | | DAILE . | 1 |
| FIL After M | .E NOW!!! FEE IS \$150.00 lay 1, 2006 Fee will be \$550.0 | S. Election Campaign Fin Trust Fund Contribution | | .00 May Be ded to Fees | | | |
| 10. | OFFICERS AND I | DIRECTORS | | | | | |
| TITLE NAME | PDT DALAQ, ANDALEEB | | | | | | |
| STREET ADDRESS | 14566 NW 22ND AVE | | | | | | |
| CITY-ST-ZiP | MIAMI, FL 33054 | | 4 | | | | • |
| TITLE NAME | | | | | | | |
| STREET ADDRESS | | | | | U00000 - AS / 10 / OS - | 540871 80034-025 150.00 | |
| CITY-ST-ZIP | | <u></u> | - | | กวง รถง กด้ | 00004 000 100.00 | |
| NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | 1 | DO | NOT W | /RITE | |
| TITLE | | | | | | | - |
| NAME | | | | IIV | THIS SI | ACE | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | | |
| NAME | | | | | | | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 4 | | | | |
| TITLE NAME | | | 1 | | | | |
| STREET ADDRESS | | | 1 | | | | |
| CITY, CT. 7ID | 1 | | 4 | | | | |

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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

84/24/0B

(305)681-1531