2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000100493

1. Entity Name
NYAMIN GOURMET FOODS, INC.

Principal Place of Business	Mailing Address
11401 PINES BLVD. PEMBROKE PINES, FL 33026 US	20080 NW 2ND ST. PEMBROKE PINES, FL 33029 US

DO NOT WRITE IN THIS SPACE

4000

04242006   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0879498	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, TROVEL
20080 NW 2ND AVE
PEMBROKE PINES, FL 33029

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	V
NAME	SHOUCAIR, OMAR
STREET ADDRESS	11401 PINES BLVD.
CITY-ST-ZIP	PEMBROKE PINES, FL 33026

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Trovel Williams_   4/24/06   9544315714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #