

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90139 032 ***150.00

DOCUMENT # S46305

1. Entity Name

NAMIN CONSTRUCTION CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1951 NW 141 ST Suite, Apt #, etc		3. Mailing Address 1951 NW 141 ST Suite, Apt. #, etc,	
City & State OPA LOCKA, FL		City & State OPA LOCKA, FL	
Zip 33054	Country	Zip 33054	Country

4. FEI Number 65-0255317	Applied For Not Applicable
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DO NOT WRITE IN THIS SPACE

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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name BEHZAD M. NAMIN	
	Street Address (P.O. Box Number is Not Acceptable) 1951 NW 141 STREET, BAY #9	
	City OPA LOCKA	FL Zip Code 33054

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 BEHZAD M MANIN **4/28/2005**

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

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BEHZAD M NAMIN 1951 NW 141 ST, BAY #9 OPA LOCKA, FL 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE: BEHZAD M NAMIN, Pres **4/28/2005** **(305) 681-6989**

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