


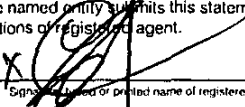
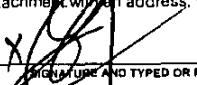
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90090 033 ***150.00

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DOCUMENT # M24211					
1. Entity Name NYCM, CORP.					
Principal Place of Business 845 NORTHEAST 172ND TERRACE NORTH MIAMI BEACH, FL 33162			Mailing Address 845 NORTHEAST 172ND TERRACE NORTH MIAMI BEACH, FL 33162		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2111529	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HORN, SALA 845 NORTHEAST 172ND TERRACE NORTH MIAMI BEACH, FL 33162			7. Name and Address of New Registered Agent Name: Cristobal Gil Street Address (P.O. Box Number is Not Acceptable): 18800 NE 2nd Avenue, Suite 209 City: Miami Garden FL Zip Code: 33169		
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:  DATE: _____ <small>Signature required or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/D	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEINBERG, SONIA		NAME	Caridad Castillo	
STREET ADDRESS	845 NE 172ND TERRACE		STREET ADDRESS	18800 NE 2nd Ave, Suite 209	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP	Miami Garden, FL 33169	
TITLE	S/O	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORN, SALA		NAME	Cristobal Gil	
STREET ADDRESS	845 NE 172ND TERRACE		STREET ADDRESS	18800 NE 2nd Ave, # 209	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP	Miami Garden, FL 33169	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Cristobal Gil / secretary		03/08/06 (386) 553-7471	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT
Law Offices
PINO & ASSOCIATES, P.A
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Miami, Florida 33145

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Isaura M. Pino, Esq.

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Facsimile (305) 854-1937
EMail: pinolaw@bellsouth.net

20015342
#A724211

March 8, 2006

Secretary of Florida
Division of Corporation
Caller Service # 1500
Tallahassee, FI 32302-1500

Re: NYCM, CORP

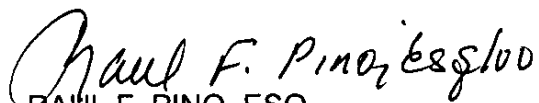
Gentlemen:

Enclosed please find your 2006 Annual Report Forms which has been completed and duly executed by the undersigned.

Also enclosed please find our check to cover your fees in the amount of \$ 150.00.

Do not hesitate to contact us if you should need any additional information.

Sincerely yours,


RAUL F. PINO, ESQ

RFP/vv
Encl