


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000039913**  
 1. Entity Name  
 NIKISINGS, INC.



Principal Place of Business  
 1308 DREXEL AVENUE #303  
 MIAMI BEACH, FL 33139

Mailing Address  
 POST OFFICE BOX 192011  
 MIAMI BEACH, FL 33119-2011

**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number  
 33-1084801 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

KLEIN, JASON CPA  
 8306 MILLS DRIVE #249  
 MIAMI, FL 33183

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HENRY, NICOLE
STREET ADDRESS	POST OFFICE BOX 192011
CITY-ST-ZIP	MIAMI BEACH, FL 331192011
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/25/08-80007-020 150.00

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:  DATE: 1/21/08 DAYTIME PHONE #: 305-588-7688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR