

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000127667**

1. Entity Name  
**NICHE BUSINESS PUBLISHING INC**



Principal Place of Business  
**16500 COLLINS AVENUE  
210  
SUNNY ISLES BEACH, FL 33160**

Mailing Address  
**PO BOX 800316  
AVENTURA, FL 33280**



05012006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1594930</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**VARELA, JAIRO  
16500 COLLINS AVENUE  
SUITE 210  
SUNNY ISLES BEACH, FL 33160**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

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 NAME STREET ADDRESS CITY-ST-ZIP	P VARELA, JAIRO 16500 COLLINS AVENUE- SUITE 210 SUNNY ISLES, FL 33160
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEDIEGO, DAMARIS 16500 COLLINS AVENUE - SUITE 210 SUNNY ISLES BEACH, FL 33160
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC VARELA, JUAN M 16500 COLLINS AVENUE - SUITE 210 SUNNY ISLES BEACH, FL 33160
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

000000560822  
05/18/06-80054-017 150.00

**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: Juan Varela  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-06 305-940-7388  
Date Daytime Phone #