


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K79367**  
 1. Entity Name  
**NICOLINA ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
**3201 NW 24TH ST/RD**      **3201 NW 24TH ST/RD**  
**MIAMI, FL 33142-6913**      **MIAMI, FL 33142-6913**

**DO NOT WRITE IN THIS SPACE**



01262004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0142623**      Not Applicable

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

5. Name and Address of Current Registered Agent  
**MONOCANDILOS, JORDAN**  
**3201 NW 24 ST/RD**  
**MIAMI, FL 33142**

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8. The above named entry 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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-STATE-ZIP	DP MONOCANDILOS, JORDAN 3201 NW 24 ST/RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP MONCONADILOS, THEODORA 3201 NW 24 ST/RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S DIAZ, AURORA 3201 NW 24 ST/RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T ISERN, JORGE 3201 NW 24 ST/RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V MONOCANDILOS, NICOLAS 3201 NW 24 ST RD MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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 05/03/04-80213-011 158.75

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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)(b), 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 \_\_\_\_\_      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR