


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90005 033 ***158.75

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**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01122007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

MONOCANDILOS, JORDAN
3201 NW 24 ST/RD
MIAMI, FL 33142

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MONOCANDILOS, JORDAN	
STREET ADDRESS	3201 NW 24 ST/RD	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MONCONADILOS, THEODORA	
STREET ADDRESS	3201 NW 24 ST/RD	
CITY-ST-ZIP	MIAMI, FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MONOCANDILOS, EVANGELINA	
STREET ADDRESS	3201 NW 24 ST/RD	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHABO, JORGE	
STREET ADDRESS	3201 NW 24TH ST. RD.	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	V	<input type="checkbox"/> Delete
NAME	MONOCANDILOS, NICOLAS	
STREET ADDRESS	3201 NW 24 ST RD	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANGELIA (LINA) MONOCANDILOS	
STREET ADDRESS	3201 NW 24 ST RD	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Jordan Moncandilos 01/11/07 305-633-7711

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