## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # F00000002289**

1. Entity Name

NICKI MINA INTERNATIONAL CORPORATION



FILED
Apr 02,-2004 08:00 AM
Secretary of State

Principal Place of Business

C/O CAPE LIGHT MGMT., INC. 7345 SAND LAKE RD., #406 ORLANDO, FL 32819 Mailing Address

C/O CAPE LIGHT MGMT., INC. 7345 SAND LAKE RD., #406 ORLANDO, FL 32819



03302004

No Chg-P

CR2E034 (10/03)

4. FEI Number | Applied For | 59-3639840 | Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

JORGE B. DIAS GARCIA, JR. 7345 SAND LAKE RD., #406 ORLANDO, FL 32819

## DO NOT WRITE IN THIS SPACE

the obligations of registered agent.							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstance)					DATE		
FILE NOW!!! FEE IS \$150.00 After Way 1, 2004 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				5.00 May Be dded to Fees	25252110000011		
18. OFFICERS AND DIRECTORS					04/02/04-88037-016 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JORGE B. DIAS GARCIA, JR. 7345 SAND LAKE RD., #406 ORLANDO, FL 32819			<u>.</u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET AUDRESS CITY-ST-ZIP			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZP				IN T	I THIS SPACE		
TITLE NAME STREET ADDRESS CRY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZP							
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.							

ECER OR DIRECTOR

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