2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

ORLANDO FL 32819

Suite, Apt. #, etc.

3. Mailing Address

C/O CAPE LIGHT MGMT.. INC.

7345 SAND LAKE RD.. #406

DOCUMENT # F0000002289

1. Entity Name

Principal Place of Business

C/O CAPE LIGHT MGMT.. INC.

2. Principal Place of Business

7345 SAND LAKE RD.. #406

ORLANDO FL 32819

Suite, Apt. #, etc.

NICKI MINA INTERNATIONAL CORPORATION



FILED
Mar 17, 2003 8:00 am
Secretary of State

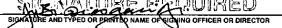
03-17-2003 90477 045 ***150.00

CHECK HERE IF MAKING CHANGES

City & State City & State Applied For 4. FEI Number 59-3639840 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JORGE B. DIAS GARCIA, JR. Street Address (P.O. Box Number is Not Acceptable) 7345 SAND LAKE RD., #406 ORLANDO FL 32819 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition JORGE B. DIAS GARCIA, JR. NAME NAME STREET ADDRESS 7345 SAND LAKE RD., #406 STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:



MARCH 13.05

Daytime Phone #

CUZE034 (10/0Z)