

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002069

Entity Name: NICOCARDS, INC.

FILED
Apr 19, 2008
Secretary of State

Current Principal Place of Business:

9200 SOUTH DADELAND BLVD.
410
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

7277 SW 165 STREET
MIAMI, FL 33157 US

New Mailing Address:

FEI Number: 65-1007589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, ADAM T ESQ
2601 SOUTH BAYSHORE DRIVE
STE. 1600
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPAS () Delete
Name: CHAMAS, BORIS
Address: 7277 SW 165 STREET
City-St-Zip: MIAMI, FL 33157 US

Title: D () Delete
Name: LUCIA BAENA, GLORIA
Address: 7277 SW 165 STREET
City-St-Zip: MIAMI, FL 33157 US

Title: T () Delete
Name: TORRES, HERNAN
Address: 7277 SW 165 STREET
City-St-Zip: MIAMI, FL 33157 US

Title: S () Delete
Name: DE OLIVEIRA, CLAUDIA
Address: 7277 SW 165 STREET
City-St-Zip: MIAMI, FL 33157 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BORIS CHAMAS

DPAS

04/19/2008

Electronic Signature of Signing Officer or Director

Date