2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State
06-09-2005 90003 010 ***150.00

DOCUMENT # F04000005049

1. Entity Name
NICKMAR, INC.

Principal Place of Business
11224 SORREL RIDGE LANE
OAKTON, VA 22124

Mailing Address
11224 SORREL RIDGE LANE
OAKTON, VA 22124

54-175-4226

05312005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 4403 Pine Tree Dr.
Suite, Apt. #, etc.
City & State: Miami Beach, FL.
Zip: 33140 Country: USA

3. Mailing Address: 4403 Pine Tree Dr.
Suite, Apt. #, etc.
City & State: Miami Beach, FL
Zip: 33140 Country: USA

4. FEI Number: 54-175-4226 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MICHAELS, MARIA
4403 PINE TREE DRIVE
MIAMI BEACH, FL 33134

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 ________________________ DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CPT	☐ Delete
NAME	MICHAELS, MARIA	
STREET ADDRESS	11224 SORREL RIDGE LANE	
CITY-ST-ZIP	OAKTON, VA 22124	
TITLE	VVS	☐ Delete
NAME	STUDDS, NICK	
STREET ADDRESS	4403 PINE TREE DRIVE	
CITY-ST-ZIP	OAKTON, VA 22124	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	CPT	☒ Change ☐ Addition
NAME	MICHAELS MARIA	
STREET ADDRESS	4403 Pine Tree Dr.	
CITY-ST-ZIP	Miami Beach, FL. 33140	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE