

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90077 013 \*\*\*150.00

**DOCUMENT # J46271**

1. Entity Name  
**NIEVCO INC.**



Principal Place of Business  
**% EXOTIC BOTANICALS, INC.**  
**14450 SW 216 ST**  
**MIAMI, FL 33170 US**

Mailing Address  
**% EXOTIC BOTANICALS, INC.**  
**14450 SW 216 ST**  
**MIAMI, FL 33170 US**



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2802550**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CANNATA, JAMES C.**  
**15461 SW 212TH STREET**  
**MIAMI, FL 33187**

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW WITH FEES \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CANNATA, JAMES C. 15461 SW 212TH STREET MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CANNATA, NIEVES SUAREZ 15461 SW 212TH STREET MIAMI, FL 33187
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**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/2/08 (805) 257-3206