

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # K79367

1. Entity Name
NICOLINA ENTERPRISES, INC.



Principal Place of Business
**3201 NW 24TH ST/RD
MIAMI, FL 33142-6913**

Mailing Address
**3201 NW 24TH ST/RD
MIAMI, FL 33142-6913**



01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0142623

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MONOCANDILOS, JORDAN
3201 NW 24 ST/RD
MIAMI, FL 33142**

**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!!! FEE IS \$150.00
After May 1, 2004 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	DP MONOCANDILOS, JORDAN 3201 NW 24 ST/RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONCONADILOS, THEODORA 3201 NW 24 ST/RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIAZ, AURORA 3201 NW 24 ST/RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ISERN, JORGE 3201 NW 24 ST/RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONOCANDILOS, NICOLAS 3201 NW 24 ST RD MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/04-80213-011 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 # _____