


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # K79367
 1. Entity Name
NICOLINA ENTERPRISES, INC.



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

DO NOT WRITE IN THIS SPACE



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0142623 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

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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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MONOCANDILOS, JORDAN
STREET ADDRESS	3201 NW 24 ST/RD
CITY - ST - ZIP	MIAMI, FL
TITLE	VP
NAME	MONOCANDILOS, THEODORA
STREET ADDRESS	3201 NW 24 ST/RD
CITY - ST - ZIP	MIAMI, FL
TITLE	S
NAME	DIAZ, AURORA
STREET ADDRESS	3201 NW 24 ST/RD
CITY - ST - ZIP	MIAMI, FL
TITLE	T
NAME	ISERN, JORGE
STREET ADDRESS	3201 NW 24 ST/RD
CITY - ST - ZIP	MIAMI, FL
TITLE	V
NAME	MONOCANDILOS, NICOLAS
STREET ADDRESS	3201 NW 24 ST RD
CITY - ST - ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 04/29/05-80030-005 158.75

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #