

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90029 010 \*\*\*158.75

**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**

**50004717**



02102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0142623**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  Delete  
 NAME MONOCANDILOS, JORDAN  
 STREET ADDRESS 3201 NW 24 ST/RD  
 CITY-ST-ZIP MIAMI, FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VP  Delete  
 NAME MONCONADILOS, THEODORA  
 STREET ADDRESS 3201 NW 24 ST/RD  
 CITY-ST-ZIP MIAMI, FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE S  Delete  
 NAME DIAZ, AURORA  
 STREET ADDRESS 3201 NW 24 ST/RD  
 CITY-ST-ZIP MIAMI, FL

TITLE S  Change  Addition  
 NAME Monocandilos, Evangelina  
 STREET ADDRESS 3201 N.W. 24th ST. RD.  
 CITY-ST-ZIP Miami, Florida 33142

TITLE T  Delete  
 NAME ISERN, JORGE  
 STREET ADDRESS 3201 NW 24 ST/RD  
 CITY-ST-ZIP MIAMI, FL

TITLE T  Change  Addition  
 NAME Chabo, Jorge  
 STREET ADDRESS 3201 N.W. 24th ST. RD.  
 CITY-ST-ZIP Miami, Florida 33142

TITLE V  Delete  
 NAME MONOCANDILOS, NICOLAS  
 STREET ADDRESS 3201 NW 24 ST RD  
 CITY-ST-ZIP MIAMI, FL 33142

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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 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

3/17/06

Date

(305) 637-1463

Daytime Phone #