


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000030318 1. Entity Name NICICOSA, LLC	
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Principal Place of Business C/O TABACALERA PERDOMO 5150 N.W. 167TH STREET MIAMI LAKES, FL 33014	Mailing Address C/O TABACALERA PERDOMO 5150 N.W. 167TH STREET MIAMI LAKES, FL 33014
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01202005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0897224	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PERDOMO, NICHOLAS I C/O TABACALERA PERDOMO 5150 N.W. 167TH STREET MIAMI LAKES, FL 33014

**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 file if applicable (NOTE: Registered Agent signature required when reinstalling) DATE _____


**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PERDOMO, NICHOLAS I 5150 N.W. 167TH STREET MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PERDOMO, NICHOLAS G 5150 N.W. 167TH STREET MIAMI LAKES, FL 33014
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01/26/05-80009-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:  1/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #