


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 8:00 am
Secretary of State


02-06-2008 90033 048 ***150.00

DOCUMENT # M42964 1. Entity Name NIC-HID CORP.	
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Principal Place of Business 230 NW 29TH STREET MIAMI, FL 33127-3912	Mailing Address 230 NW 29TH STREET MIAMI, FL-33127-3912
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40018311



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2743476	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEHMAN, BETTY D. 230 N.W. 29TH STREET MIAMI, FL 33127	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEHMAN, DENNIS 230 N.W. 29TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEHMAN, BETTY 230 N.W. 29TH STREET MIAMI, FL
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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: *Betty D. Lehman* x 02/04/08 305-576-3059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Betty D. Lehman