## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P00000020457**

1. Entity Name

NIC-AMERICA INTERNET SERVICES, INC.



Principal Place of Business

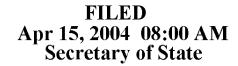
11120 N. KENDALL DRIVE

SUITE #207 MIAMI, FL 33176 Mailing Address

11120 N. KENDALL DRIVE

SUITE #207

MIAMI, FL 33176





04132004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0985226 Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAVES, SILVIA 14664 SW 132 AVE. MIAMI, FL 33186

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8. The above the obligat	named entity submits this statement for the plants of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little in	applicable. (NOTE, Registered	t Agent signature	required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			U00000113713 04/15/04-80020-014 158.75
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAVES, SILVIA M 14664 SW 132 AVE. MIAMI, FL 33186				
RITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ABDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS					<del></del>

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 cath; 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:

CHY-ST-ZIP
THE
MAME
STREET ADDRESS
CHY-ST-ZIP

Silvia M. Chaves

41131204 (305) 279-3236

Date

Daytime Phone ¥