




2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

06-03-2004 90004 019 ***150.00

DOCUMENT # P00000051674 1. Entity Name NIKLAN, INC.			
Principal Place of Business 8910 N. DALE MABRY HWY., STE. 37 TAMPA, FL 33614		Mailing Address 8910 N. DALE MABRY HWY., STE. 37 TAMPA, FL 33614	
2. Principal Place of Business 1760 Cheney Hwy Suite, Apt. #, etc.		3. Mailing Address 1760 Cheney Hwy Suite, Apt. #, etc.	
City & State Titusville, FLA. Zip 32780		City & State Titusville, FLA. Zip 32780	
Country U.S.A.		Country U.S.A.	
4. FEI Number 59-3647169		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATEL, V. A 5003 PATRICIA CT., APT. 254 TAMPA, FL 33617		7. Name and Address of New Registered Agent 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:  (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME PATEL, VITTKALBHAI A STREET ADDRESS 5003 PATRICIA COURT, #254 CITY-ST-ZIP TAMPA, FL 33617	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  V.A. Patel		Date June 1st, 04 Daytime Phone #	

54056582



03202003 Chg-P CR2E034 (10/03)

ATTACHMENT

54056582

#P00000051674 V.A. PATEL

Nikvan Inc.

FEI# 59-3647169

Division of Corporations

P.O. Box 1500

Tallahassee, Fl. 32302-1500

Dear Sir,

I did not received Corporation
report for 2004, to file before dead line;
I tried to find report to file for corporation
but finally I find and writing to
you, hopefully, you kindly wave my
penalty:

Please accept my Thanks in

advance, and find enclosed check for
\$150.00.

Thank you very much
Yours very truly
V.A. Patel
Nikvan Inc