

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000073651

1. Entity Name
NICK'SUN INVESTMENT, INC.



Principal Place of Business
2665 S. BAYSHORE DR
SUITE 1001
COCONUT GROVE, FL 33133

Mailing Address
2665 S. BAYSHORE DR
SUITE 1001
COCONUT GROVE, FL 33133



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1054187

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VITIER, EBERTO A
C/O HIBOU MANAGEMENT LLC
SUITE 1001, 2665 S. BAYSHORE DR.
COCONUT GROVE, FL 33133

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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000126356
04/23/04-80030-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JUNCADELLA, AMADEO N
STREET ADDRESS	2665 S. BAYSHORE DR
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	DVP
NAME	VITIER, EBERTO A
STREET ADDRESS	2665 S. BAYSHORE DR
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 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

Date

Daytime Phone #

EBERTO VITIER 4/15/04 305-250-9939