


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90026 013 \*\*\*150.00


DOCUMENT # P0000081664  
 1. Entity Name  
**NIVAR INVESTMENTS, INC.**



Principal Place of Business Mailing Address  
 5526 N.W. 105TH COURT 5526 N.W. 105TH COURT  
 MIAMI, FL 33178 MIAMI, FL 33178

2. Principal Place of Business 3. Mailing Address  
*9655 E Bay Harbor Dr.* *9655 E Bay Harbor Dr.*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
*# 45* *# 45*

City & State City & State  
*Bay Harbor Islands, Fl* *Bay Harbor Islands, Fl*  
 Zip Country Zip Country  
*33154 USA* *33154 USA*



01202005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**ALFONSO NIETO, CIRO**  
 5526 NW 105TH COURT  
 MIAMI, FL 33178

4. FEI Number Applied For  
**65-1041958** Not Applicable

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 \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NIETO, CIRO ALFONSO 5526 N.W. 105TH COURT MIAMI, FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DE NIETO, ROSA V 5526 N.W. 105TH COURT MIAMI, FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>9655 E Bay Harbor Dr. # 45</i> <i>Bay Harbor Islands, Fl 33154</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>9655 E Bay Harbor Dr. # 45</i> <i>Bay Harbor Islands, Fl 33154</i>
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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 of supplemental reports 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: *Alfonso Nieto* Press. *01-24-05*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #