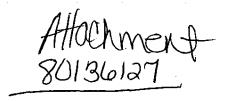
2003 FOR PROFIT CORPORATION UNIFORM RUSINESS REPORT (URR)

FILED Aug 05, 2003 8:00 am Secretary of State

DOCU	MENT # P01000014					08-05-2003	90072 02	24 ***1	50.00
Principal Plac 1140 A.N.W. MIAMI, FL. 3					•				
2. Principal i	Place of Business	3. Mailing Address			tage to the time to the action of the action of the continuence of the				
Suite, Apt	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF	MAKING C	HANGES	·
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ZIp	Country	Z ip	Cour	ntry	5. C	ertificate of Status Desired		8.75 Ac	
10.5		Name	7. Na	ime and Address of New Re	gistered Ag	ent			
ARAGON, 1 1140 A N.W MIAMI, FL	V. 120TH STREET 33168				P.O. Bo	x Number is Not Acceptable)			
				City				Zip Co	de
	named entity submits this statement i	for the purpose of changing its	register	<u> </u>	red age	nt, or both, in the State of Flor	FL ida. I am fa	<u></u>	
the obligat	tions of registered agent.							.,	
SIGNATURE	Signature, typed or printed name of registered agen	Land title if applicable. (NOTE	: Registere	M. Agentsignature required	l when rein:	Stating)	CATE		
Aft	FILE NOWILL FEE IS \$150 00 er May 1, 2003 Fee will be \$550 0 Amended UBR is \$61,25 k Payable to Florida Department	0 of State				Election Campaign Fina Trust Fund Contribution.			00 May Be od to Fees
10.	OFFICERS AND		11.		ADD	ITIONS/CHANGES TO OFFIC			
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12. I hereby of indicated of the cor changed,	certify that the information supplied with on this report or supplemental report poration or the receiver or trustee employers, or on an attachment with an address,	is true and accurate and that mo sowered to execute this report to	the exe ny signal as requi	mption stated in Sector shall have the s	same leg	gal effect as if made under oa	ith; that I am	an office:	r or director
SIGNAT	URE: A SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER O	OR DIRECT	гоя		Case	Cayi	ima Phone #	 [



Division of Corporations Tallahassee, FL 32302

REF: NICA: BLOCK, INC.
DOC #: PO1000014597
ANNUAL RUSINESS REPORT 2003

TO WHOM 1T MAY CONCERN:

We are sending a filled out blank annual report to your Department because we never received the original report. Please accept our apologies and accept this \$ 150.00 filling fee. We apologize for any inconvenience this may have caused. Our office never meant to send the report late. Thank you very much for your cooperation. Any questions please feel free to contact me at (305) 541-3980.

Sincerely,

* Mulva Hrago President