

FROM :

FAX NO. : 8104696482

Sep. 22 2005 04:14PM P3

2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/2/2005-90011-008-\$150.00-\$150.00

05 OCT -4 PM 12:16

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P01000028676					
1. Entity Name NICHOLAS SHOWICH ENTERPRISES, INC.					
Principal Place of Business 2121 N OCEAN BLVD, APT 1607-E BOCA RATON, FL 33434			Mailing Address 2121 N OCEAN BLVD, APT 1607-E BOCA RATON, FL 33434		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1091024	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHOWICH, NICHOLAS 2121 N OCEAN BLVD, APT 1607-E BOCA RATON, FL 33434				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)					
FILE NOW!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS SHOWICH, NICHOLAS 2121 N OCEAN BLVD, APT 1607-E BOCA RATON, FL 33434 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 persons empowered.					
SIGNATURE: <i>Nicholas Showich</i>			Date: <i>9/20/05</i> Device Phone: <i>568-872-9440</i>		

Nicholas Showich Enterprises, Inc.
2121 N. Ocean Boulevard, Apt. 1607-E
Boca Raton, FL 33434

September 23, 2005

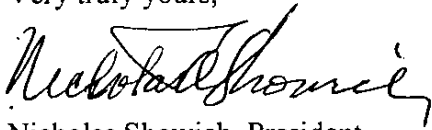
Florida Department of State
Division of Corporations
P.O. 6327
Tallahassee, FL 32314

Re: FEI Number 65-1091024
Reference Number P01000028676

To Whom It May Concern:

Attached is your letter dated September 7, 2005, requesting penalty fees for late filing of the 2005 Annual Report. Please waive the penalty as the original request was never received.

Very truly yours,

A handwritten signature in black ink, appearing to read "Nicholas Showich", written over a horizontal line.

Nicholas Showich, President
Nicholas Showich Enterprises, Inc