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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P01000028676

1. Entity Name
NICHOLAS SHOWICH ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2121 N OCEAN BLVD, APT 1607-E BOCA RATON, FL 33434	2121 N OCEAN BLVD, APT 1607-E BOCA RATON, FL 33434

08152005 Chg-P CR2E034 (10/03)

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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 like empowered.

SIGNATURE: Nicholas Showich 8/20/05 586-872-9640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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,

Nicholas Showich, President
Nicholas Showich Enterprises, Inc