2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL R	EPORT (AR	<u> </u>	FILI	ED	
DOCU 1. Entity Nam	MENT # P020000201	66		Mar 30, 2005 08:00 AN Secretary of State		
NIKI'S HA	AIR STUDIO, INC.				, 01 500	
Principal Plac	e of Business	Mailing Address	O WF ID			
12452 N.W 57TH STREET CORAL SPRINGS FL 33076		12452 N.W 57TH STREET CORAL SPRINGS FL 33076				
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2. Principal P	Place of Business.	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)		
City & Stat	le .	City & State		4. FEI Number 04-3610284		plied For of Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add	litional
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registers		
CHI	JCK MOGBO, P.A.	•	Name			
2800 W. OAKLAND PARK BLVD. STE. 209			Street Addres	ss (P.O. Box Number is Not Acceptable)		
OA	KLAND PARK FL 33311		City		Zip Code	e
9 The should	a named on the submits this statement t	or the purpose of changing its		stered agent, or both, in the State of Florida. 1 a		and accept
	tions of registered_agent.	-	rogisto.eu emec er regi	stored agon, or bost, in the otate of Florida.	in landing man	dila accept
SIGNATURE .	Signature, lypad or printed name of registered agen	and fille if applicable (NOT	E Registered Agent signature requ	uired when reinstating) DATI	£	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department of			Election Campaign Fina Trust Fund Contribution		00 May Be ed to Fees
10.	OFFICERS AND	DIRECTORS	11.	ÁDDITIÓNS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11
HITLE	P HERBERT, NICOLA	🗀 Delete	TITE :	1100000001000	Change	Addition Addition
NAME STREET ADDRESS	1		STREET ADDRESS	U00000281062 03/30/05-80043-0	17 150 N	ን
CITY-ST-ZIP	CORAL SPRINGS FL 33076		CITY-ST-ZIP	טי בדטטסי כט יטני יכט	11 130,00	<i>,</i>
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NAME CTOSET + DODGOOD			NAME			
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71715		☐ Delete	TITLE		Change	Addition
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TITLE NAME		☐ Delete	TITLE NAME		onange	
STREET ADDRESS			STREET ADDRESS			
CITY - ST - ZIP			CHY-SI-ZIP			
12. I hereby indicated of the coloranged	certify that the information supplied wit i on this report or supplemental report rporation or the receiver or trustee emp i, or on an attachment with an address.	h this filing does not qualify for is true and accurate and that bowered to execute this repor with all other like empowered	or the exemption stated in my signature shall inave t t as required by Chapter i.	Section 119.07(3)(i), Florida Statutes. I further the same legal effect as if made under oath; tha 607, Florida Statutes, and that my name appea	certify that the it t I am an officer rs in Block 10 or	nformation or director r Block 11 if

NICOLA

ASS T VICOLA HERI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

President