

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000052934

1. Entity Name
NICK INSURANCE & FINANCIAL SOLUTIONS, INC.



Principal Place of Business

10801SW 123 STREET
MIAMI, FL 33176

Mailing Address

P O BOX 160118
MIAMI, FL 33116



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0465924

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN, ESTEBAN
14001 SW 104TH AVE
MIAMI, FL 33176

**DO NOT WRITE
IN THIS SPACE**

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 used or printed name of registered agent and its Approver

NOTE: Registered Agent signature is required when certifying

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 D
NAME TIMMER, HARVEY
STREET ADDRESS 10801 SW 123 STREET
CITY- ST- ZIP MIAMI, FL 33176

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Harvey C. Timmer - HARVEY C. TIMMER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05 3059516149

DATE

DATE OF FILING