

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90059 004 ***150.00

DOCUMENT # P03000005258

1. Entity Name
NIKITA HOLDINGS CORP.



Principal Place of Business
**1628 PLEASANT HILL RD.
KISSIMMEE, FL 34746**

Mailing Address
**1628 PLEASANT HILL RD.
KISSIMMEE, FL 34746**

40023940



2. Principal Place of Business - No P.O. Box #
1142 WILDE DR.

3. Mailing Address
1142 WILDE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292007 Chg-P CR2E034 (12/06)

City & State
CELEBRATION, FL

City & State
CELEBRATION, FL

4. FEI Number
13-4232117

Applied For
Not Applicable

Zip
34747

Country
USA

Zip
34747

Country
USA

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, YOLANDA
422 SYCAMORE ST.
CELEBRATION, FL 34747**

7. Name and Address of New Registered Agent

Name **RODRIGUEZ, YOLANDA**

Street Address (P.O. Box Number is Not Acceptable)

1142 WILDE DR.

City **CELEBRATION**

FL

Zip Code
34747

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/22/07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **RODRIGUEZ, YOLANDA**
STREET ADDRESS **422 SYCAMORE ST.**
CITY-ST-ZIP **CELEBRATION, FL 34747**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Rodriguez, Yolanda**
STREET ADDRESS **1142 Wilde Dr.**
CITY-ST-ZIP **Celebration FL 34747**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/07 (407) 846-1530
Date Daytime Phone #