

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2004 8:00 am
Secretary of State

08-17-2004 90002 007 ***150.00

DOCUMENT # P03000011811	
1. Entity Name NIK - TEJ, INC.	



Principal Place of Business 1211 PINETREE DRIVE INDIAN HARBOUR BEACH, FL 32937	Mailing Address 1211 PINETREE DRIVE INDIAN HARBOUR BEACH, FL 32937
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54068585



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08102004 Chg-P CR2E034 (10/03)

4. FEI Number 82-0584010	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent SHAH, SHAILESH 1211 PINETREE DRIVE INDIAN HARBOUR BEACH, FL 32937		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAH, SHAILESH 1211 PINETREE DRIVE INDIAN HARBOUR BEACH, FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SHAILESH SHAH **8/12/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

540685-85-
P03000011811

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Nik-Tej, INC.
1600 North Whickam Road
Melbourne FL, 32935
254 - 3958

To Whom It May Concern:

Please note that we did not receive the original filing form, therefore we had to order another form.



From: Shailesh Shah