

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90148 041 ***150.00

DOCUMENT # P03000034671

1. Entity Name
NICAMED INVESTMENTS GROUP, INC.



Principal Place of Business
1043 SW 117 COURT
MIAMI, FL 33184 US

Mailing Address
1043 SW 117 COURT
MIAMI, FL 33184 US



2. Principal Place of Business

3. Mailing Address

1043 SW 117 CT

Suite, Apt. #, etc.

MIAMI

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

City & State

Zip

Country

Zip

Country

33184

FL

Zip

Country

03272006 Chg-P CR2E034 (11/05)

4. FEI Number

56-2332799

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOMEZ, MARTHA I
1043 SW 117 CT
MIAMI, FL 33184

Name

MARTA Z GOMEZ

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

1043 SW 117 CT

MIAMI FL

City

FL

Zip Code

33184

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

Marta Z Gomez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
NAME GOMEZ, MARTHA I
STREET ADDRESS 1043 SW 117 CT
CITY-ST-ZIP MIAMI, FL 33184

☐ Delete

TITLE VP
NAME CABALLERO, JULIA L
STREET ADDRESS 1043 SW 117 CT
CITY-ST-ZIP MIAMI, FL 33184

☐ Delete

TITLE SEC
NAME CABALLERO, JULIA L
STREET ADDRESS 1043 SW 117 CT
CITY-ST-ZIP MIAMI, FL 33184

☐ Delete

TITLE TREA
NAME GOMEZ, MARTHA I
STREET ADDRESS 1043 SW 117 CT
CITY-ST-ZIP MIAMI, FL 33184

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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CITY-ST-ZIP

☐ Change

☐ Addition

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 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:

MARTA Z Gomez

Date

03-01-06

Daytime Phone #