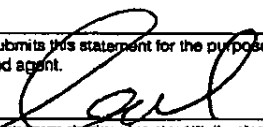
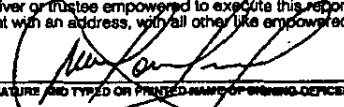


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State

07-08-2004 90097 035 ***550.00

DOCUMENT # P03000042301 1. Entity Name NICARAN INVESTMENT, INC.					
Principal Place of Business 201 ALHAMBRA CIRCLE STE 502 CORAL GABLES, FL 33134			Mailing Address 201 ALHAMBRA CIRCLE STE 502 CORAL GABLES, FL 33134		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ARVESU, MANUEL M 201 ALHAMBRA CIRCLE STE 502 CORAL GABLES, FL 33134				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 		DATE 8/30/04			
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PS MANGIONE, NICOLO 201 ALHAMBRA CIRCLE STE 502 CORAL GABLES, FL 33134 ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	4010 Palm Place Weston, FL 33331 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP/Director Carmen Casalinas de Mangione 4010 Palm Place Weston, FL 33331 ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	4010 Palm Place Weston, FL 33331 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Director/Secretary ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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:  Nicolo Mangione 8/30/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66432612



02132004 Chg-P CR2E034 (10/03)

4. FEI Number **20-1525475** Applied For Not Applicable

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