## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name NICHOLAS AND WONG, INC.    D6 APR 10 PH 12: 44   SECRETARY OF STATE	DOCUME	# P0300004	13880			4"   j.	ED.					
Principal Place of Business 7703 SW 178 ST Suce, Apr. # etc.    Suce, Apr. # etc.	,	ND V	VONG, INC.		!			06 APR 10	PH 12: 1	44		
MIMM, FL 33157  MIMM, FL 33157  MIMM, FL 33157  MIMM, FL 33157  2. Pryscipal Place of Business	Principal Place of B	Business		Mailing Address		COO WE THE	r	SECRETARY	OF STAT	TF.		
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COUNTY Stage			130" \$+					, 69169 MM 66111 65111 65	IMI 2501 21552 AIS	1 1MINI 1N311 (19)	1881 31 1881	
Zip 33/86 Country Zip 3,33/2 Country 2.0 S. Country 3.1 Section of Status Desired									CR2E034	·		
SIGNATURE:    The above named entry submits this statement for the property of	"LITAM		Ma	TALLAHASSE	Z )	Fla				No	t Applicable	
NICHOLAS, GREGORY J 7703 SW 178 ST MIAMI, FL 33157    Street Andress (P.O. Box Number 5 Not Acceptable)	<sup>Zip</sup> 3318	6	Country	<sup>Zip</sup> 3231 ス	Coun	try U31	5. Certificate	of Status Desired				
SITERT ADDRESS  OTTY-57-29  NICHOLAS, GREGORY J  7703 SW 178 ST7  Street Address (P.O. Box Number & Not Acceptable)  Street Address (P.O. Box Number & Not Acceptable)  ACR THE WILLIAMS 55: FL Zip Code 32.3 (In the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Forida. I am familiar with, and acceptable to the obligations of registered agent, or both, in the State of Forida. Tam familiar with, and acceptable to the obligations of the Charge agent, or both in the State of Both and the State of Forida Statutos, and that my name appears in Block 10 or Block 11 or Both 11 and the obligations and that my name appears in Block 10 or Block 11 or Both 11 and the obligations and that my name appears in Block 10 or Block 11 or Both 11 and the obligations and that my	6.	Name	and Address of Curre	nt Registered Agent		Name						
### Added to Fees  10. OFFICERS AND DIRECTORS # 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ### TILE NOW!!! FEE IS \$130.00  After May 1, 2006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS # 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ### TILE NOW!!! FEE IS \$130.00  After May 1, 2006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS # 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ### TILE NOW!!! FEE IS \$130.00  After May 1, 2006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS # 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ### TILE NOW!!! FEE IS \$130.00  After May 1, 2006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS # 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ### TILE NOW!!! FEE IS \$130.00  10. OFFICERS AND DIRECTORS # 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ### TILE WONG, LEVY A NAME  ### WONG, LEVY A STREET  ### TILE WONG,	7703 SW 178 S	RY J		GREGORY V. NICHOLAS								
City THLL MIRSSE FL Zip Code 323 2  8. The above named entity submits this subsement Letter proceed of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptance of registered agent, or both, in the State of Florida. I am familiar with, and acceptance of registered agent, or both, in the State of Florida. I am familiar with, and acceptance of registered agent, or both, in the State of Florida. I am familiar with, and acceptance of registered agent, or both, in the State of Florida. I am familiar with, and acceptance of registered agent, or both, in the State of Florida. I am familiar with, and acceptance of the college of the colleg	MIAMI, FL 331	157				2679	what	ton Cir	de.			
B. The above named entry submits this distingent of the transport of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered algent. The both of the control of			1							Zip Code	3 323(2	
10. OFFICERS AND DIFECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE PD   Delete   ITILE   NAME   NICHOLAS, GREGORY J   STREET   STREET ADDRESS   STREET ADDR	SIGNATURESignat	lure, typed	or printed runne of registered of	9. Election Campai	gn Finar	ncing _ \$5	.00 May Be		DATE			
TITLE   PD		, 2000		0.00				/CHANGES TO OF	FICERS AND I	DIRECTORS	S IN 11	
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that I he 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 fusite empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:	NAME STREET ADDRESS			☐ Detete	NAM STRE	E ET ADDRESS				Change	Addition	
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SIGNATURE:  SIGNATURE AND TYPED OF BEIGNITED HAME OF SIGNING OFFICER OR DIRECTOR  Daysumo Phone #	indicated on the of the corporate	nis repor tion or th	t or supplemental repo ne receiver or frustee er	rt is true and accurate and that ne repowered to execute this report	ny signa as requi	ture shall have the	same lenal ette	ct as if made under	nath that I an	n an officer	or director	
	SIGNATUR	₹E: _	SIGNATURE AND TYPED	BR SHINTED NAME OF SIGNING OFFICER	OR DIREC	TOR		Date	Day	time Phone #		