

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000043880

1. Entity Name
NICHOLAS AND WONG, INC.



Principal Place of Business
7703 SW 178 ST
MIAMI, FL 33157

Mailing Address
7703 SW 178 ST
MIAMI, FL 33157

FILED
06 APR 10 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
12601 SW 130th St
Suite, Apt. #, etc.

3. Mailing Address
2679 Wharton Circle
Suite, Apt. #, etc.

04102006 Chg-P CR2E034 (11/05)

City & State
MIAMI FLA
Zip 33186 Country

City & State
TALLAHASSEE FLA
Zip 32312 Country USA

4. FEI Number
56-2347719
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NICHOLAS, GREGORY J
7703 SW 178 ST
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name
GREGORY J. NICHOLAS
Street Address (P.O. Box Number is Not Acceptable)
2679 Wharton Circle
City TALLAHASSEE FL Zip Code 32312

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 _____
(NOTE: Registered Agent signature required when reinstating)

**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 PD
NAME NICHOLAS, GREGORY J
STREET ADDRESS 7703 SW 178 STREET
CITY-ST-ZIP MIAMI, FL 33157 ☐ Delete

TITLE VPS
NAME WONG, LEVY A
STREET ADDRESS 13362 SW 128 ST
CITY-ST-ZIP MIAMI, FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 ☐ Addition
400072714854
04/28/06--01029--026 **150.00

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
B 4/10/06

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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR