2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000051227

1. Entity Name
NIKO PROFESSIONAL MAINTENANCE, INC.

Principal Place of Business	Mailing Address
4960 SIMONTON ST. LAKE WORTH, FL 33463	PO BOX 244512 BOYNTON BEACH, FL 33424

50006463

2. Principal Place of Business	3. Mailing Address
5083 SATURN RING CT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State GREEN ACRES FL	City & State
Zip 33463 Country	Zip Country

03112006   Chg-P   CR2E034 (11/05)

4. FEI Number
33-1057533
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARIZA, FRANQUI
4960 SIMONTON ST.
LAKE WORTH, FL 33463

7. Name and Address of New Registered Agent

Name

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

5083 SATURN RING CT

City GREEN ACRES   FL   Zip Code 33463

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FRANQUI E. ARIZA, PRESIDENT   3/11/06
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME ARIZA, FRANQUI E		NAME	
STREET ADDRESS 4960 SIMONTON ST.		STREET ADDRESS 5083 SATURN RING CT.	
CITY-ST-ZIP LAKE WORTH, FL 33463		CITY-ST-ZIP GREEN ACRES FL 33463	
TITLE TSD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME AZUERO, RITA M		NAME	
STREET ADDRESS 4960 SIMONTON ST.=		STREET ADDRESS 5083 SATURN RING CT	
CITY-ST-ZIP LAKE WORTH, FL 33463		CITY-ST-ZIP GREEN ACRES FL 33463	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANQUI E. ARIZA, PRESIDENT 3/11/06   (754) 366-3835
Date   Daytime Phone #