2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051227

FILED Feb 18, 2009 Secretary of State

tity Name: NIKO PROFESSIONAL MAINTENANCE, INC.	
Current Principal Place of Business:	New Principal Place of Business:
5083 SATURN RING CT GREEN ACRES, FL 33463	New Principal Place of Business: OT 33463 ress: New Mailing Address: L 33424 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () of Current Registered Agent: Name and Address of New Registered Agent: OT 33463 US ty submits this statement for the purpose of changing its registered office or registered agent, or both,
Current Mailing Address:	New Mailing Address:
PO BOX 244512 BOYNTON BEACH, FL 33424	
FEI Number: 33-1057533 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	New Mailing Address: New Mailing Address: Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () at Registered Agent: Name and Address of New Registered Agent: US Its this statement for the purpose of changing its registered office or registered agent, or both, anature of Registered Agent Date Fund Contribution (). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
ARIZA, FRANQUI 5083 SATURN RING CT GREEN ACRES, FL 33463 US	
The above named entity submits this statement for the in the State of Florida.	purpose of changing its registered office or registered agent, or both
SIGNATURE:	
Electronic Signature of Registered Ag	ent Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: PD () Delete Name: ARIZA. FRANQUI E	· · · · · · · · · · · · · · · · · · ·

 Title:
 PD () Delete
 Title:
 PD (X) Change () Additional Add

Title: TSD () Delete Title: () Change () Addition

 Name:
 AZUERO, RITA M
 Name:

 Address:
 5083 SATURN RING CT
 Address:

 City-St-Zip:
 GREEN ACRES, FL 33463
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANQUI ARIZA P 02/18/2009