

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 22, 2004 8:00 am**  
**Secretary of State**

09-22-2004 90001 008 \*\*\*150.00

**DOCUMENT # P03000066620**

1. Entity Name  
**NICKYLU, CORP.**



Principal Place of Business

**8727 SW 161 COURT  
MIAMI, FL 33193**

Mailing Address

**8727 SW 161 COURT  
MIAMI, FL 33193**

**54073393**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09202004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**05-0574002**

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SANCHEZ, LUZ M  
8727 SW 161 COURT  
MIAMI, FL 33193**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
SANCHEZ, LUZ M  
8727 SW 161 COURT  
MIAMI, FL 33193** ☐ 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

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 ☐ Add

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

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

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CITY-ST-ZIP ☐ Change ☐ Add

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CITY-ST-ZIP ☐ Change ☐ Add

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

**Luz M. Sanchez 9/7/04**

Attachment  
54073393

NICKYLU, CORP  
8727 SW 161 COURT  
MIAMI, FL 33193  
TEL#(305)383-5809

September 07, 2004

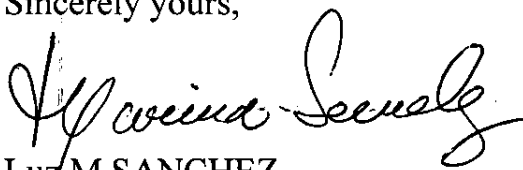
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Florida Department of State  
RE: Doc# P0300066620

To whom it may concern:

I'm sending my 2004 Uniform Business Report late because I never received the first notice. I'm sending a check for \$150.00 and the application. Please waive any charges.

Sincerely yours,

  
Luz M SANCHEZ