


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90087 040 \*\*\*150.00

**DOCUMENT # P0300088889**  
 1. Entity Name  
**LE PAPIER BY NICKY, INC.**



Principal Place of Business 1835 N.E. MIAMI GARDENS DRIVE #245 NORTH MIAMI BEACH, FL 33179	Mailing Address 1835 N.E. MIAMI GARDENS DRIVE #245 NORTH MIAMI BEACH, FL 33179
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**DO NOT WRITE IN THIS SPACE**



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0178346	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 ACKERMANN, NICOLE  
 1835 N.E. MIAMI GARDENS DRIVE #245  
 NORTH MIAMI BEACH, FL 33179

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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	DP ACKERMANN, NICOLE 1835 N.E. MIAMI GARDENS DRIVE #245 NORTH MIAMI BEACH, FL 33179
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nicole Ackermann Nicole Ackermann 5/5/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #