2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/5/2

FILED
Jul 16, 2004 8:00 am
Secretary of State
04-05-2004 90405 026 ***150.00

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1. Entity Name
NIC INTERNATIONAL, CORP.

Principal Place of Business	Mailing Address
780 NW 42 AV. 420 MIAMI, FL 33126 US	780 NW 42 AV. 420 MIAMI, FL 33126 US

03312004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1280 S. Powerline Rd	
Suite, Apt. #, etc. #5	Suite, Apt. #, etc.
City & State Pompano Beach Fl.	City & State
Zip 33069 / Country U.S.A.	Zip / Country

4. FEI Number 20-0313562 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~MAZZA-MARTINEZ, TANIA A MS.~~
~~780 NW 42 AV.~~
420
MIAMI, FL 33126

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] DATE 6/30/04
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
After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	P, S GONZALEZ, ALVARO MR. 780 W 42 AV. SUITE 420 MIAMI, FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D GONZALEZ RODRIGUEZ, SOL MS. 780 NW 42 AV. SUITE 420 MIAMI, FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 03/31/04 954 9794800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #