

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90019 006 ***150.00

DOCUMENT # P03000100810

1. Entity Name
NICO'S TRANSPORTATION INC.



Principal Place of Business 525 N.W. 72ND AVE. APT. 409 MIAMI, FL 33126	Mailing Address 525 N.W. 72ND AVE. APT. 409 MIAMI, FL 33126
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2. Principal Place of Business 481 SW 89 COURT	3. Mailing Address 481 SW 89 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03142004 Chg-P CR2E034 (10/03)

City & State MIAMI FL	City & State MIAMI	4. FEI Number 02-0707203	Applied For <input type="checkbox"/> Not Applicable
Zip 33174	Country USA	Zip 33174	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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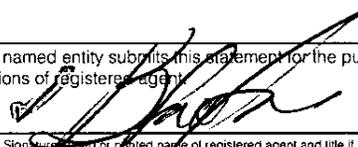
6. Name and Address of Current Registered Agent

ESPINOSA, BLANCA M
525 N.W. 72ND AVE.
APT. 409
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name **ESPINOSA, BLANCA M**
 Street Address (P.O. Box Number is Not Acceptable)
481 SW 89 COURT
 City **MIAMI** FL Zip Code **33174**

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: **3/14/04**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESPINOSA, TOBIO N 525 N.W. 72ND AVE. APT. 409 481 SW 89 CT MIAMI, FL 33126 MIAMI FL 33174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ESPINOSA, BLANCA M 525 N.W. 72ND AVE. APT. 409 481 SW 89 CT MIAMI, FL 33126 MIAMI FL 33174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, in all other like empowered.

SIGNATURE:  DATE: **3/14/04** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR