

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

14000000

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

Not Applicable

Zip

33174

Country

USA

Zip

33174

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/04

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 PD
NAME ESPINOSA, TOBIO N
STREET ADDRESS 525 N.W. 72ND AVE. APT. 409
CITY-ST-ZIP MIAMI, FL 33126

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD
NAME ESPINOSA, BLANCA M
STREET ADDRESS 525 N.W. 72ND AVE. APT. 409
CITY-ST-ZIP MIAMI, FL 33126

☐ Delete

TITLE
NAME
STREET ADDRESS
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TITLE
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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, or in all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/04