## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P03000102964

NICANDMEG, INC.



**FILED** May 01, 2006 08:00 Al Secretary of State

CR2E034 (11/05)

Principal Place of Business

11722 S.W. 107TH TERRACE MIAMI, FL 33186 US

Mailing Address

11722 S.W. 107TH TERRACE MIAMI, FL 33186 US



D	0	N	OT	W	RI'	ΓE	IN	THIS	3 SF	ACE
---	---	---	----	---	-----	----	----	------	------	-----

4. FEI Number Applied For 03-0528674 Not Applicable

5. Certificate of Status Desired

04062006

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESPINOSA, TANIA N 11722 S.W. 107TH TERRACE MIAMI, FL 33186

## DO NOT WRITE IN THIS SPACE

No Chg-P

<ol> <li>The above the obligat</li> </ol>	named entity submits this statement for the pulions of registered agent.	urpose of changing its registere	d office or_r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept			
SIGNATURE_	Signature, typed or printed name of registered agent and little if	applicable (NOTE Registered	Agent signature	a required when reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Finand Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRECT	TORS						
IITLE Vame Street address City-St-Zip	P ESPINOSA, TANIA N 11722 S.W. 197TH TERRACE MIAMI, FL 33186				//00000545129 05/11/06-80062-017 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESPINOSA, ALFREDO 11722 S.W. 107TH TERRACE MIAMI, FL 33186			ī	73, 11, 00 tagaz 01; 150,80			
ritle Name Street address City-St-Zip				DO	NOT WRITE			
TITLE YAME STREET ADDRESS CITY-ST-ZIP				ÎN T	THIS SPACE			
TITLE NAME STREET ADORESS CITY-ST-ZIP								
ITLE NAME STREET ADDRESS CITY-ST-ZIP								

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #