2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 06, 2007 8:00 am Secretary of State **DOCUMENT # P03000102964** 1. Entity Name 04-06-2007 90048 023 ***150 00 NICANDMEG, INC. Principal Place of Business Mailing Address 11722 S.W. 107TH TERRACE 11722 S.W. 107TH TERRACE MIAMI, FL 33186 US MIAMI, FL 33186 US 2. Principal Place of Business - No P.O. Box + 9255 S.W. 1257 H 04032007 CR2E034 (12/06) Cha-P Applied For 4. FEI Number 03-0528674 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESPINOSA, TANIA N Street Address (P.O. Bpx Number is Not Acceptable) 9255 5 W 1257H A VE NUE 11722 S.W. 107TH TERRACE MIAMI, FL 33186 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change . TITLE ☐ Delete TITLE ESPINOSA, TANIA N NAME NAME 9255 SW BSTH AVENUE. UNIT R407 STREET ADDRESS 11722 S.W. 197TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33186 Change ☐ Addition Delete TITLE TITLE NAME ESPINOSA, ALFREDO NAME 98555W 125TH AUSNUE. UNIT K MIAMI, Fl. 3318L 11722 S.W. 107TH TERRACE STREET ADDRESS STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ппе ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TET) E ☐ Change ☐ Addition TITLE ☐ Delete NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete RTLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ; CITY-ST-ZIP

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12. I hereby 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 in changed, or on an attachment with an address, with all other like empowered. TANIAN. ESPINOSA (305)273-4522