

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000039751

FILED
Mar 24, 2006
Secretary of State

Entity Name: NICOLE'S YACHT ENTERPRISES INC.

Current Principal Place of Business:

510 W ENCLAVE CIRCLE
PEMBROKE PINES, FL 33027 US

New Principal Place of Business:

Current Mailing Address:

510 W ENCLAVE CIRCLE
PEMBROKE PINES, FL 33027 US

New Mailing Address:

FEI Number: 20-0796546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARCIA, CARLOS
510 W ENCLAVE CIRCLE
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

RIVAS, RALPH
510 W ENCLAVE CIRCLE
PEMBROKE PINES, FL 33027 US

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.

SIGNATURE: RALPH RIVAS

03/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: GARCIA, CARLOS
Address: 510 W ENCLAVE CIRCLE
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: VPS () Delete
Name: RIVAS, RALPH A
Address: 510 W ENCLAVE CIRCLE
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PEREZ, ALEJANDRO
Address: 510 W ENCLAVE CIRCLE
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: S (X) Change () Addition
Name: RIVAS, RALPH A
Address: 510 W ENCLAVE CIRCLE
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: T () Change (X) Addition
Name: RIVAS, MARIA
Address: 510 W ENCLAVE CIRCLE
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: VP () Change (X) Addition
Name: GARCIA, JOSEFINA
Address: 510 W ENCLAVE CIRCLE
City-St-Zip: PEMBROKE PINES, FL 33027 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH RIVAS

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03/24/2006

Electronic Signature of Signing Officer or Director

Date