2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000081388

1. Entity Name
NIKO INVESTMENTS GROUP, INC.

FILED
05 SEP 26 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1034 SW 123TH AVENUE MIAMI, FL 33184	1034 SW 123TH AVENUE MIAMI, FL 33184
2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

07082005 Chg-P CR2E034 (10/03)

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MADRIGAL, JESUS
1034 SW 123TH AVENUE
MIAMI, FL 33184

7. Name and Address of New Registered Agent

Name: Jesus Madrigal
Street Address (P.O. Box Number is Not Acceptable): 8960 SW 87ct Suite #4
City: Miami FL Zip Code: 33176

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: MADRIGAL, JESUS STREET ADDRESS: 1034 SW 123TH AVENUE CITY-ST-ZIP: MIAMI, FL 33184	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300060728513 10/18/05--01083--006 **550.00
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9/27

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, with all other like empowered.

SIGNATURE: ______ 9-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #