2006 FOR PROSIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 03, 2006 8:00 am Secretary of State DOCUMENT # P04000081388 04-03-2006 90385 047 ***150.00 NIKO INVESTMENTS GROUP, INC. Principal Place of Business Mailing Address **50043410** 11440 N. KENDALL DRIVE 11440 N. KENDALL DRIVE STE 210 STE 210 MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172006 Cha-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20=1157405 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MADRIGAL, JESSE Street Address (P.O. Box Number is Not Acceptable) 11440 N. KENDALL DRIVE **SUITE 210** MIAMI, FL 33176 Zip Code 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. 1/17/06 SIGNATURE. (NOTE: Registered Agent algoature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PĐ TITLE Defete TITLE Change ☐ Addition MADRIGAL JENNY MADRIGAL, JENNY NAME NAME 11440 N KENDALL DRIVE STE 210 STREET ADDRESS 11440 N. KENDALL DRIVE STE 210 STREET ADDRESS CITY-ST-ZIP". MIAMI, FL 33176 MIAMI, FL 33176 CITY-ST-ZIP VD TITLE Delete TITLE ☐ Change ☐ Addition MADRIGAL, JESSE NAME NAME 11440 N. KENDALL DRIVE STE 210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-71P TITLE ☐ Delete TITLE DP ☐ Change X Addition NAME NAME JESUS MADRIGAL STREET ADDRESS STREET ADDRESS 6365 COLLIN AVE #2201 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 if chapter 607.

OR DIRECTOR

FILED

305-595-8135