

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000125141

1. Entity Name
NIKKI'S ON THE GREEN, INC.



Principal Place of Business
1600 JOHNSON STREET
HOLLYWOOD, FL 33020 US

Mailing Address
121 GOLDEN ISLES DRIVE
605
HALLANDALE BEACH, FL 33009 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09152005

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

CARUSI, DANIEL S
517 SW 1ST AVENUE
FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$550.00
Due by October 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P,D, ☐ Delete
NAME ILIC, EUGENIA
STREET ADDRESS 121 GOLDEN ISLES DRIVE, UNIT 605
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

TITLE VP,D ☐ Delete
NAME ILIC, VLADAN
STREET ADDRESS 121 GOLDEN ISLES DRIVE, UNIT 605
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

05 SEP 19 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



500059747175
09/19/05--01054--023 **150.00

AP 9/20

9/15/05

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

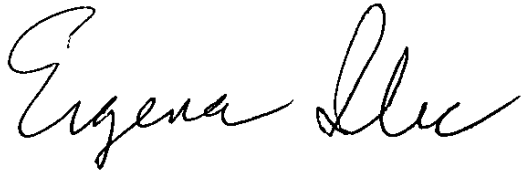
GENTLEMEN:

ENCLOSED IS THE ANNUAL REPORT FORM FOR 2005.

THE ORIGINAL POSTCARD WAS NEVER RECEIVED IN JANUARY, 2005 FOR
THE YEAR 2005. PLEASE ACCEPT THE PAYMENT OF \$ 150.00 IN PAYMENT OF
THE ANNUAL REPORT FEE.

WE HAVE ENCLOSED A COPY ANNUAL REPORT NOTICE THAT WAS
RETURNED TO SENDER

YOURS TRULY

A handwritten signature in cursive script, appearing to read "Eugenia Ilie". The signature is written in dark ink and is positioned below the typed name "Eugenia Ilie".