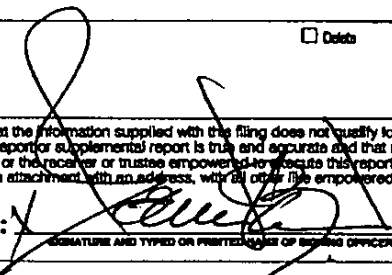


2005 FOR PROFIT CORPORATION ANNUAL REPORT

5 **FILED**
Jun 24, 2005 8:00 am
Secretary of State

05-09-2005 90285 049 ***150.00

DOCUMENT # P04000127667			
1. Entity Name NICHE BUSINESS PUBLISHING INC			
Principal Place of Business 16500 COLLINS AVENUE 210 SUNNY ISLES BEACH, FL 33160		Mailing Address P O BOX 80316 AVENTURA, FL 33280	
2. Principal Place of Business		3. Mailing Address P O BOX 800316	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Aventura	
Zip	Country	Zip	Country
		33280	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VARELA, JAIRO 16500 COLLINS AVENUE SUITE 210 SUNNY ISLES BEACH, FL 33160		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-installing) DATE _____			
FILE NOW!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P VARELA, JAIRO ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VARELA, JAIRO	NAME	
STREET ADDRESS	16500 COLLINS AVENUE - SUITE 210	STREET ADDRESS	
CITY - ST - ZIP	SUNNY ISLES, FL 33160	CITY - ST - ZIP	
TITLE	VP DEDIEGO, DAMARIS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DEDIEGO, DAMARIS	NAME	
STREET ADDRESS	16500 COLLINS AVENUE - SUITE 210	STREET ADDRESS	
CITY - ST - ZIP	SUNNY ISLES BEACH, FL 33160	CITY - ST - ZIP	
TITLE	SEC VARELA, JUAN M ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VARELA, JUAN M	NAME	
STREET ADDRESS	16500 COLLINS AVENUE - SUITE 210	STREET ADDRESS	
CITY - ST - ZIP	SUNNY ISLES BEACH, FL 33160	CITY - ST - ZIP	
TITLE	☐ Delete	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	
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 exemption stated in Section 119.07(3)(b), 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 file empowered.			
SIGNATURE: 		05-01-05 305440-7388	
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR		Date Daytime Phone #	

66023729



05032005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1594930** Applied For Not Applicable

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