

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90063 012 \*\*\*150.00

**DOCUMENT # P04000160263**

1. Entity Name  
**NIKKY CORPORATION**



Principal Place of Business  
**8920 NW 15TH CT  
PEMBROKE PINES, FL 33024**

Mailing Address  
**8920 NW 15TH CT  
PEMBROKE PINES, FL 33024**

**66012538**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**20-1947416**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUQUE, CARLOS M  
8920 NW 15TH CT  
PEMBROKE PINES, FL 33024**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
DUQUE, CARLOS M  
8920 NW 15TH CT  
PEMBROKE PINES, FL 33024** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE**

*Carlos M. Duque*

*4/30/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date


Daytime Phone #

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/2/2007-90063-012-\$150.00-\$150.00

ATTACHMENT

66012538

DOCUMENT # P04000160263			
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Principal Place of Business 8920 NW 15TH CT PEMBROKE PINES, FL 33024		Mailing Address 8920 NW 15TH CT PEMBROKE PINES, FL 33024	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DUQUE, CARLOS M 8920 NW 15TH CT PEMBROKE PINES, FL 33024		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD DUQUE, CARLOS M 8920 NW 15TH CT PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: <u>Carlos M. Duque</u>		Date: <u>3/30/07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	