## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000160437

Entity Name: NICEL CORP.

FILED Apr 03, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1532 VICTORIA ISLE WAY WESTON, FL 33327 **Current Mailing Address: New Mailing Address:** 1532 VICTORIA ISLE WAY WESTON, FL 33327 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSENTHAL, ALEX P ESQ 2115 N. COMMERCE PARKWAY WESTON, FL 33326 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: ( ) Change (X) Addition Name: Name: MAYA, DAVID 1532 VICTORIA ISLE WAY Address: Address: City-St-Zip: City-St-Zip: WESTON, FL 33327 ( ) Delete Title: Title: DIR ( ) Change (X) Addition Name: Name: LEVY, SIDNEY 577 OCEAN BLVD Address: Address: GOLDEN BEACH, FL 33141 City-St-Zip: City-St-Zip: Title: Title: () Delete DIR ( ) Change (X) Addition GUERRA, JUAN Name: Name: 518 NF 94TH STREET Address Address: City-St-Zip: City-St-Zip: MIAMI SHORES, FL 33138 Title: () Delete Title: ( ) Change (X) Addition GREENBERG, BRUCE Name: Name: Address: Address: 1392 VICTORIA ISLE LANE City-St-Zip: City-St-Zip: WESTON, FL 33327 Title: Title: ( ) Change (X) Addition ( ) Delete NAVARRO, RUBEN Name: Name: Address: Address: 955 SHOTGUN ROAD City-St-Zip: City-St-Zip: SUNRISE, FL 33326 Title: () Delete Title: ( ) Change (X) Addition Name: Name: VIRGINIO, JOHN 555 VERONA PLACE Address: Address: City-St-Zip: City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MAYA DIR 04/03/2005