

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000162075</b>					
<b>1. Entity Name</b> <b>NICK PLATING, INC</b>					
<b>Principal Place of Business</b> <b>535 N. W. 29TH STREET</b> <b>ATTN: NELSIDO HERNANDEZ</b> <b>MIAMI, FL 33127</b>			<b>Mailing Address</b> <b>535 N. W. 29TH STREET</b> <b>ATTN: NELSIDO HERNANDEZ</b> <b>MIAMI, FL 33127</b>		
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip      Country			<b>3. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip      Country		
			<b>02132006      Chg-P      CR2E034 (11/05)</b>		
			<b>4. FEI Number</b> <b>20-1959853</b>		Applied For <input type="checkbox"/> Not Applicable
			<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
<b>HERNANDEZ, NELSIDO</b> <b>535 N. W. 29TH STREET</b> <b>MIAMI, FL 33127</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, NELSIDO 535 N. W. 29TH STREET MIAMI, FL 33127	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HERNANDEZ, IRIS 535 N. W. 29TH STREET MIAMI, FL 33127	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b>				Date: <b>2/13/06</b> Daytime Phone #: <b>(305) 573-7656</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					