
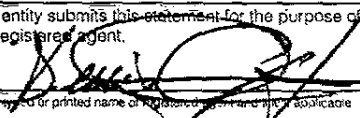
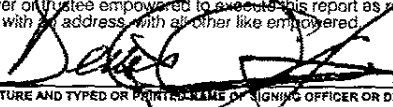


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000018434																																										
1. Entity Name TAPICERIA NICARO AND SERVICES INC.																																										
Principal Place of Business 2262 NW 33 ST MIAMI, FL 33142	Mailing Address 2262 NW 33 ST MIAMI, FL 33142																																									
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent OSORNO, DENIS 2262 NW 33 ST MIAMI, FL 33142		DO NOT WRITE IN THIS SPACE																																								
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 or printed name of registered agent and filer or applicant (NOTE: Registered Agent signature required when re-registering)</small>																																										
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																								
10. OFFICERS AND DIRECTORS		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
<table border="1"><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>OSORNO, DENIS</td></tr><tr><td>STREET ADDRESS</td><td>2262 NW 33 ST</td></tr><tr><td>CITY- ST- ZIP</td><td>MIAMI, FL 33142</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>OSORNO, MARGARITA</td></tr><tr><td>STREET ADDRESS</td><td>2262 NW 33 ST</td></tr><tr><td>CITY- ST- ZIP</td><td>MIAMI, FL 33142</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr></table>		TITLE	D	NAME	OSORNO, DENIS	STREET ADDRESS	2262 NW 33 ST	CITY- ST- ZIP	MIAMI, FL 33142	TITLE	D	NAME	OSORNO, MARGARITA	STREET ADDRESS	2262 NW 33 ST	CITY- ST- ZIP	MIAMI, FL 33142	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 07/16/07 Daytime Phone #: (305) 634-6270																																								



07142007 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1660703	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000770580
07/26/07-80003-017 150.00

**DO NOT WRITE
IN THIS SPACE**