


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 07, 2007 8:00 am**  
**Secretary of State**

09-07-2007 90001 023 \*\*\*150.00

**DOCUMENT # P05000108182**

1. Entity Name  
**NIC Y AND Y, INC.**



Principal Place of Business      Mailing Address

8730 SW 133 AVE RD      8730 SW 133 AVE RD  
 305      305  
 MIAMI, FL 33183      MIAMI, FL 33183

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

18400 SW 192 Ave      18400 SW 192 Ave

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Miami FL      Miami FL

Zip      Country      Zip      Country

33187      USA      33187      USA



4. FEI Number      Applied For

20-3248021      Not Applicable

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

ZIRIO, GUIDO R  
 10445 SW 27 ST  
 MIAMI, FL 33165

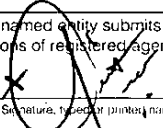
Name      GUIDO R. ZIRIO

Street Address (P.O. Box Number is Not Acceptable)

18400 SW 192 Ave

City      MIAMI      FL      Zip Code      33187

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:       DATE: 09/04/07

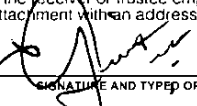
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW! FEE IS \$150.00 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees            In accordance with s. 607.193(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 NAME STREET ADDRESS CITY-ST-ZIP	P GUIDO RUBEN ZIRIO 10445 SW 27 ST MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. GUIDO RUBEN ZIRIO 18400 SW 192 Ave MIAMI FL 33187 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMIREZ, RAQUEL P 8730 SW 133RD AVENUE ROAD MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RAQUEL P. RAMIREZ 8730 SW 133rd Ave Rd. MIAMI FL 33183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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

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:       DATE: 09/04/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #