

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000141342

Entity Name: NICKY RAVINE, INC.

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2806 NE 15TH AVENUE  
WILTON MANORS, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

2806 NE 15TH AVENUE  
WILTON MANORS, FL 33334

**New Mailing Address:**

FEI Number: 14-1961477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

O'LEARY, KATHLEEN  
2806 NE 15TH AVENUE  
WILTON MANORS, FL 33334 US

**Name and Address of New Registered Agent:**

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:**

Title: P  
Name: O'LEARY, KATHLEEN  
Address: 2806 NE 15TH AVENUE  
City-St-Zip: WILTON MANORS, FL 33334

Title: S  
Name: RAVINE, NICKY  
Address: 2806 NE 15TH AVENUE  
City-St-Zip: WILTON MANORS, FL 33334

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN O'LEARY

PRES

04/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date