


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # P05000149964	
1. Entity Name NICKI MINA INTERNATIONAL CORPORATION	

Principal Place of Business % CAPE LIGHT PROPERTIES 7345 SAND LAKE RD - STE 407 ORLANDO, FL 32819	Mailing Address % CAPE LIGHT PROPERTIES 7345 SAND LAKE RD - STE 407 ORLANDO, FL 32819
---	---

DO NOT WRITE IN THIS SPACE



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3639840	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHUKLA, SONU CPA 5950 LAKEHURST DR STE 287 ORLANDO, FL 32819
--

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARMENTO, CARLOS 7345 SAND LAKE RD - # 407 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAS GARCIA, JORGE B JR 7345 SAND LAKE RD - # 407 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE
U00000714531 04/27/07-80027-005 150.00

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: 	APRIL 11, 07	407 363 4747
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>