## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 21, 2008 08:00 A Secretary of State

DOCL	<b>IMENT</b>	# P050	ገበበ14	9964

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



04172008 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3639840

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHUKLA, SONU CPA 5950 LAKEHURT DR STE 287 ORLANDO, FL 32819

## DO NOT WRITE IN THIS SPACE

ORLANDO, FL 32819			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the plions of registered agent.	purpose of changing its registere	ed office or registered agent, or bo	oth, in the State of Florida I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and fitte	f applicable (NOTE Registered	d Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Finan -Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	U000000912015 05/07/08-80063-012 150.00	
10.	OFFICERS AND DIREC	CTORS		-	
NAME STREET ADDRESS CITY-SI-ZIP	D SARMENTO, CARLOS 7345 SAND LAKE RD - # 407 ORLANDO, FL 32819				
TITLE	D DIAS CARCIA TORGER IR				
NAME STREET ADDRESS	DIAS GARCIA, JORGE B JR 7345 SAND LAKE RD - # 407				
CITY-ST-ZIP	ORLANDO, FL 32819				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME				THIS SPACE	
STREET ADDRESS CITY - ST-ZIP					
TITLE NAME					
STREET ADDRESS CITY - ST-ZIP					
TITLE					
NAME STREET ADDRESS					
CITY-ST-ZIP	•				

12. Thereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIC 17, 2008

Daytime Phone #