


FILED
May 01, 2007 8:00 am
Secretary of State

04-04-2007 90171 016 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000016972			
1. Entity Name NICKY AND NATY CORP			
Principal Place of Business 8802 NW 150 ST MIAMI LAKES, FL 33018 US		Mailing Address 8802 NW 150 ST MIAMI LAKES, FL 33018 US	
8802 N.W. 150 ST - MIAMI LAKES, FL 33018			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8802 N.W. 150 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. MIAMI LAKES, FL 33018	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARRANZA, LILY 8802 NW 150 ST MIAMI LAKES, FL 33018		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u>Lily Carranza</u> (NICKY AND NATY CORP.) 4/1/07 <small>Signature, typewritten name of registered agent and state if applicable (NOTE: Registered Agent signature required when renewing)</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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARRANZA, LILY 8802 NW 150 ST MIAMI LAKES, FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Lily Carranza</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2/14/07</u> <small>Signature</small> <small>Device Phone #</small>	