

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000018263

Entity Name: NICOM CONSULTANTS, INC.

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6590 N.W. SELVITZ ROAD  
PORT SAINT LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

6590 N.W. SELVITZ ROAD  
PORT SAINT LUCIE, FL 34983

**New Mailing Address:**

6447 NW HOPE COURT  
PORT SAINT LUCIE, FL 34986

FEI Number: 22-3922100

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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

**OFFICERS AND DIRECTORS:**

Title: PSC  
Name: CAMPORA, CARLOS O  
Address: 6447 NW HOPE CT  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VTD  
Name: RODRIGUEZ, FABIANA  
Address: 6447 NW HOPE CT  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: CARLOS OMAR CAMPORA

PSD

04/23/2012

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

\_\_\_\_\_  
Date