

05-02-2007 90112 024 ***158.75
F11 P06000039800


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000039800

1. Entity Name
NIKKI L. JENKINS, PA

The seal of the Commonwealth of Pennsylvania is located in the top right corner of the document. It features a circular design with the words "SEAL OF THE COMMONWEALTH OF PENNSYLVANIA" around the perimeter. The central image depicts a Native American figure holding a bow and arrow, with a star above his right shoulder.

Principal Place of Business	Mailing Address
1612 N.W. 6TH AVENUE FT LAUDERDALE, FL 33311	1612 N.W. 6TH AVENUE FT LAUDERDALE, FL 33311

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
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CORPORATE CREATIONS.NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410	Name
	Street Address
	City

04272007 Chg-P CR2E034 (12/06)

4. FEI Number	20-4523499	Applied For
		Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

P.O. Box Number is Not Acceptable)

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registering Agent mandatory (required when registering))

DATE _____

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JENKINS, NIKKI L		NAME			
STREET ADDRESS	1612 N.W. 6TH AVENUE		STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 33311		CITY-ST-ZIP			

<div> <div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> </div> <div> <input type="checkbox"/> Delete </div> </div>		<div> <div> <div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> </div> <div> <input type="checkbox"/> Changes <input type="checkbox"/> Addition </div> </div>	
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY - ST - ZIP		CITY - ST - ZIP		

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

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: X Nikki Jenkins 4/27/07 (954) 494-5890