

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000044008

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** NICOLE C. WOODS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

5851 HOLMBERG RD  
APT 1713  
PARKLAND, FL 33067

**New Principal Place of Business:**

5851 HOLMBERG RD  
APT 612  
PARKLAND, FL 33067

**Current Mailing Address:**

5851 HOLMBERG RD  
APT 1713  
PARKLAND, FL 33067

**New Mailing Address:**

5851 HOLMBERG RD  
APT 612  
PARKLAND, FL 33067

**FEI Number:** 20-4597931

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOODS, NICOLE C  
5851 HOLMBERG RD  
APT 1713  
PARKLAND, FL 33067 US

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

WOODS, NICOLE C  
5851 HOLMBERG RD  
APT 612  
PARKLAND, FL 33067 US

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: NICOLE C. WOODS

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WOODS, NICOLE C  
Address: 5851 HOLMBERG RD., APT 612  
City-St-Zip: PARKLAND, FL 33067

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: NICOLE C. WOODS

P

04/29/2011

Electronic Signature of Signing Officer or Director

Date