2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000083241

Entity Name: NICOSIA INVESTMENTS, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
5595 ORANGE DRIVE #201 DAVIE, FL 33314	
Current Mailing Address:	**New Mailing Address:**
5595 ORANGE DRIVE #201 DAVIE, FL 33314	

FEI Number: 20-5075363   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
NICOSIA, GIOVANNI 5595 ORANGE DRIVE #201 DAVIE, FL 33314 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: _____

  Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P ( ) Delete	Title:	( ) Change ( ) Addition
Name:	NICOSIA, GIOVANNI	Name:	
Address:	5595 ORANGE DRIVE #201	Address:	
City-St-Zip:	DAVIE, FL 33314	City-St-Zip:	
Title:	V ( ) Delete	Title:	( ) Change ( ) Addition
Name:	NICOSIA, COSTANZO	Name:	
Address:	5595 ORANGE DRIVE #201	Address:	
City-St-Zip:	DAVIE, FL 33314	City-St-Zip:	
Title:	T ( ) Delete	Title:	( ) Change ( ) Addition
Name:	NICOSIA, FRANCESCO	Name:	
Address:	5595 ORANGE DRIVE #201	Address:	
City-St-Zip:	DAVIE, FL 33314	City-St-Zip:	
Title:	S ( ) Delete	Title:	( ) Change ( ) Addition
Name:	NICOSIA, ANTONIETA	Name:	
Address:	5595 ORANGE DRIVE #201	Address:	
City-St-Zip:	DAVIE, FL 33314	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GIOVANNI NICOSIA   PRES   04/18/2009
  Electronic Signature of Signing Officer or Director   Date