

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000133553

1. Entity Name  
NICHE'S FOOD INC



FILED

07 APR 30 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1819 W. PENSACOLA ST.  
APT A-1  
TALLAHASSEE, FL 32304

Mailing Address  
1819 W. PENSACOLA ST.  
APT A-1  
TALLAHASSEE, FL 32304



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

03142007 Chg-P CR2E034 (12/06) 07

4. FEI Number  
☐ Applied For  
☒ Not Applicable

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

## 6. Name and Address of Current Registered Agent

FRAZIER, JAMAI OII  
1819 W. PENSACOLA ST.  
APT A-1  
TALLAHASSEE, FL 32304

## 7. Name and Address of New Registered Agent

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 *Jamaisa Bragg*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FIVE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

CEO  
FRANKLIN, KIMANI  
1819 W. PENSACOLA ST. APT. -1  
TALLAHASSEE, FL 32304 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

CO  
FRANKLIN, KIMANI  
1819 W. PENSACOLA ST. APT. -1  
TALLAHASSEE, FL 32304 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

CEO  
FRAZIER, JAMIOII  
1819 W. PENSACOLA ST. APT. -1  
TALLAHASSEE, FL 32304 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

CO  
FRAZIER, JAMIOII  
1819 W. PENSACOLA ST. APT. -1  
TALLAHASSEE, FL 32304 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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 IKG empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07  
Date

(350) 980-1774  
Daytime Phone #