FILED
Jun 02, 2008 8:00 am
Secretary of State

05-02-2008 90133 044 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000072659

1. Entity Name
NIKOLE ART, INC.

66012880

Principal Place of Business	Mailing Address
2800 E. COMMERCIAL BLVD SUITE # 208 FT. LAUDERDALE, FL 33308 US	2800 E. COMMERCIAL BLVD SUITE # 208 FT. LAUDERDALE, FL 33308 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
175 W. CAMINO REAL BOCA RATON, FL 33432 USA	13900 S. JOG ROAD # 203-276 DELRAY BEACH, FL 33446 USA

03062 08 Chg-P CR2E034 (12/06)

4. FEI Number 20-8252085 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALLEN H. KATZ P.A. 2800 E. COMMERCIAL BLVD. SUITE 208 FT. LAUDERDALE, FL 33308 New Address →	Name: ALLEN H KATZ, P.A. Street: 13900 S. JOG ROAD # 203-276 City: DELRAY BEACH FL 33446 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 ______________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PASZTOR, NIKOLETT 500 THREE ISLAND BLVD. # M25 HALLANDALE, FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PASZTOR, NIKOLETT 500 THREE ISLAND BLVD. # M25 HALLANDALE, FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 like empowered.

SIGNATURE: P Nikole Nikolett pasztor P 4/28/08 P
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

p.1 561-499-7740