

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091874

FILED  
Jul 30, 2009  
Secretary of State

Entity Name: NANIDEK ENTERPRISES INC

**Current Principal Place of Business:**

2504 HOWLAND BLVD.  
DELTONA, FL 32738 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 391181  
DELTONA, FL 32739 US

**New Mailing Address:**

FEI Number: 26-3516824      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ALL ABOUT FINANCE AND MORE LLC  
1633 E VINE STREET  
SUITE 216  
KISSIMMEE, FL 34744 US

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

NAYDA MELENDEZ  
2504 HOWLAND BLVD.  
DELTONA, FL 34738 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: NAYDA MELENDEZ      07/30/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MELENDEZ, NAYDA I  
Address: PO BOX 391181  
City-St-Zip: DELTONA, FL 32739 US

Title: VP (X) Delete  
Name: DAVILA, LYZDETH A  
Address: PO BOX 391181  
City-St-Zip: DELTONA, FL 32739 US

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

Title: P (X) Change ( ) Addition  
Name: MELENDEZ, NAYDA I  
Address: 2504 HOWLAND BLVD.  
City-St-Zip: DELTONA, FL 32738 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: NAYDA MELENDEZ      P      07/30/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date