

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90020 005 ***558.75

DOCUMENT # P39746

1. Entity Name
NIKATE CORP.



Principal Place of Business
**950 THIRD AVENUE
9TH FLOOR
NEW YORK, NY 10022**

Mailing Address
**950 THIRD AVENUE
9TH FLOOR
NEW YORK, NY 10022**

04061396



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

23rd Floor

Suite, Apt. #, etc.

23rd Floor

City & State

City & State

Zip

Country

Zip

Country

07032004

Chg-P

CR2E034 (10/03)

4. FEI Number

13-3673980

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

**BLUMBERG EXCELSIOR CORPORATE SERVICES, INC
4435 OLD WINTER GARDEN RD.
ORLANDO, FL 32802**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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
**PV
CLAIRMONT, GEORGE B
950 THIRD AVENUE, 9TH FL
NEW YORK, NY 10022**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
ROMAN, BARBARA
950 THIRD AVENUE, 9TH FL
NEW YORK, NY 10022**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
950 Third Av. 23rd FL

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
950 Third Av 23 FL

☒ Change

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.7.2004

Date

212-593-4776

Daytime Phone #