2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P39746

1. Entity Name
NIKATE CORP.

FILED
Jul 15, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
950 THIRD AVENUE 23RD FLOOR NEW YORK, NY 10022	950 THIRD AVENUE 23RD FLOOR NEW YORK, NY 10022

DO NOT WRITE IN THIS SPACE

07072008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
13-3673980	Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 12, 2008

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

U00000954875
07/15/08-80001-019 558.75

10. OFFICERS AND DIRECTORS

TITLE	PV
NAME	CLAIRMONT, GEORGE B
STREET ADDRESS	950 THIRD AVENUE 23RD FL
CITY-ST-ZIP	NEW YORK, NY 10022

TITLE	ST
NAME	ROMAN, BARBARA
STREET ADDRESS	950 THIRD AVENUE 23RD FL
CITY-ST-ZIP	NEW YORK, NY 10022

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _Barbara Roman_ , Barbara Roman
Secretary & Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-08   212-593-4776
Date   Daytime Phone #