


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90072 045 ***150.00

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| DOCUMENT # P95000012765 |  |
| 1. Entity Name NIVELCO, INC. | |

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| Principal Place of Business 100 N BISCAYNE BLVD, 700 MIAMI, FL 33132 | Mailing Address 100 N BISCAYNE BLVD, 700 MIAMI, FL 33132 |
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|---|---|
| 2. Principal Place of Business 169 EAST FLAGLER ST. | 3. Mailing Address 169 EAST FLAGLER ST. |
| Suite, Apt. #, etc. 1118 | Suite, Apt. #, etc. 1118 |
| City & State MIAMI, FL | City & State MIAMI, FL |
| Zip 33131 Country USA | Zip 33131 Country USA |

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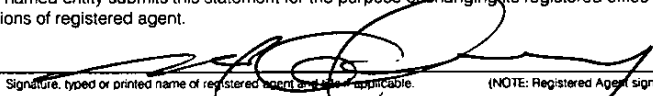


01252006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0553306 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent FILLOY, JOSEPH M 100 N BISCAYNE BLVD, 700 ***** (DECEASED 8/5/05) ***** MIAMI, FL 33132 | 7. Name and Address of New Registered Agent Name MICHAEL GLINSKY Street Address (P.O. Box Number is Not Acceptable) 169 EAST FLAGLER ST, #1118 City MIAMI FL Zip Code 33131 |
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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  DATE **1/27/06**

Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D ANGEL, DAVID % 100 N BISCAYNE BLVD, 700 MIAMI, FL 33132 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR