2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 02, 2005 08:00 AM **Secretary of State DOCUMENT # P95000060295** NICA MOTORS, INC. Principal Place of Business Mailing Address 1770 SW 8 ST 9301 NW 27 AVE MIAMI, FL 33147 MIAMI, FL 33135 US 02242005 CR2E034 (10/03) No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0610926 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CASTILLO, ALVARO B ESQ DO NOT WRITE 1390 BRICKELL AVENUE, SUITE 200 IN THIS SPACE MIAMI, FL 33131 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME RUIZ, ENRIQUE STREET ADDRESS 1390 BRICKELL AVENUE, SUITE 200 CITY-ST-ZIP MIAMI, FL U00000248806 TITLE 03/02/05-80044-014 163.75 RUIZ, ROBERTO NAME 1390 BRICKELL AVENUE, SUITE 200 STREET ADDRESS CITY-ST-ZIP MIAMI, FL D TITLE RUIZ, HORACIO NAME STREET ADDRESS 1390 BRICKELL AVENUE, SUITE 200 DO NOT WRITE CITY-ST-ZIP MIAMI, FL IN THIS SPACE TITLE RUIZ, EDUARDO NAME 1390 BRICKELL AENUE, SUITE 200 STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information incloated 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:

NAME STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/05 Date

(305)693-7122 Davine Prone 1

FILED