

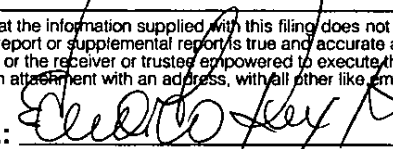


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90015 004 ***150.00

DOCUMENT # P95000060295 1. Entity Name NICA MOTORS, INC.					
Principal Place of Business 9301 NW 27 AVE MIAMI, FL 33147 US			Mailing Address 1770 SW 8 ST MIAMI, FL 33135 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0610926				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTILLO, ALVARO B ESQ 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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:  3-17-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 RUIZ, ENRIQUE 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL	<input type="checkbox"/> Delete	TITLE D/V NAME STREET ADDRESS CITY-ST-ZIP	Enrique Ruiz 1770 S.W. 8th Street Miami, FL 33135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, ROBERTO 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL	<input type="checkbox"/> Delete	TITLE D/P NAME STREET ADDRESS CITY-ST-ZIP	Roberto Ruiz 1770 S.W. 8th Street Miami, FL 33135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, HORACIO 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL	<input type="checkbox"/> Delete	TITLE D/V NAME STREET ADDRESS CITY-ST-ZIP	Horacio Ruiz 1770 S.W. 8th Street Miami, FL 33135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, EDUARDO 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL	<input type="checkbox"/> Delete	TITLE D/S NAME STREET ADDRESS CITY-ST-ZIP	Eduardo Ruiz 1770 S.W. 8th Street Miami, FL 33135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE D/T NAME STREET ADDRESS CITY-ST-ZIP	Jose Ignacio Ruiz 1770 S.W. 8th Street Miami, FL 33135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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:  3-17-06 (305) 801-7861 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					