


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90139 004 ***150.00

DOCUMENT # P96000054765	
1. Entity Name NICOLA APARTMENTS CORP.	

Principal Place of Business 901 PONCE DE LEON BLVD. SUITE 304 CORAL GABLES, FL 33134 US	Mailing Address 901 PONCE DE LEON BLVD. SUITE 304 CORAL GABLES, FL 33134 US
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2. Principal Place of Business 1500 San Remo Avenue Suite, Apt. #, etc. Suite 290 City & State Coral Gables, Florida Zip 33146	Country	3. Mailing Address 1500 San Remo Avenue Suite, Apt. #, etc. Suite 290 City & State Coral Gables, Florida Zip 33146	Country
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02242006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0711164	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 LOPEZ-CASTRO, AMADEO III 901 PONCE DE LEON BLVD. SUITE 304 CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent Name Amadeo Lopez-Castro III Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Avenue Suite 290 City Coral Gables FL Zip Code 33146	
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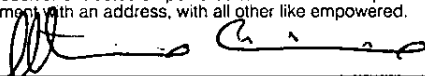
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIAIMO, SEBASTIAN N 225 GRAL PEZET APT 302 SAN ISIDRO, LI <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:  **March 2nd 2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #