
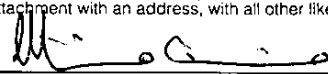


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90030 027 ***150.00

DOCUMENT # P96000054765 1. Entity Name NICOLA APARTMENTS CORP.					
Principal Place of Business 1500 SAN RMO AVE STE 290 MIAMI, FL 33146 US			Mailing Address 1500 SAN RMO AVE STE 290 SUITE 304 MIAMI, FL 33146 US		
2. Principal Place of Business - No P.O. Box # 1500 San Remo Avenue Suite, Apt. #, etc. Suite 290		3. Mailing Address 1500 San Remo Avenue Suite, Apt. #, etc. Suite 290			
City & State Coral Gables, Florida		City & State Coral Gables, Florida		4. FEI Number 65-0711164	
Zip 33146-3053		Country US		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 1500 SAN REMO AVE STE 290 MIAMI, FL 33146			7. Name and Address of New Registered Agent Name Amadeo Lopez-Castro III, Esquire Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Avenue, Suite 290 City Coral Gables FL Zip Code 33146-3053		
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. ADDRESS CORRECTION SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	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	
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: 		Sebastian N. Giaimo, President		February 2, 2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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