

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90029 030 ***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			3. Mailing Address 1500 SAN REMO AVENUE		
Suite, Apt. #, etc. SUITE 290			Suite, Apt. #, etc. SUITE 290		
City & State CORAL GABLES, FLORIDA			City & State CORAL GABLES, FLORIDA		
Zip 33146		Country USA		Zip 33146	
Country USA		4. FEI Number 65-0711164			
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 Street Address (P.O. Box Number is Not Acceptable) 1500 SAN REMO AVENUE, SUITE 290 City CORAL GABLES FL Zip Code 33146					
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 <u>Amadeo Lopez-Castro III</u> ADDRESS CORRECTION JANUARY 11, 2008 <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, 2008 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					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GIAIMO, SEBASTIAN N <input type="checkbox"/> Delete 225 GRAL PEZET APT 302 SAN ISIDRO, LI				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
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"/> Change <input type="checkbox"/> Addition				
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"/> 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: AMADEO LOPEZ-CASTRO III, REGISTERED AGENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				JANUARY 11, 2008 305-665-6335 <small>Date Daytime Phone #</small>	