2004 FOR PROFIT CORPORATION

Apr 26, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P97000014192 1. Entity Name NICO'S TEXTURE, INC. Mailing Address Principal Place of Business 4315 N.W. 7TH ST. 4315 N.W. 7TH ST. MIAMI, FL 33126 US MIAMI, FL 33126 CR2E034 (10/03) 03132004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0727056 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERRO, ANTONIO DO NOT WRITE 4315 N.W. 7TH IN THIS SPACE MIAMI, FL 33126 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. (NOTE Registered Agent signature required when reinstating) DATE Signature typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE 1000000129743 FERRO, ANTONIO NAME 04/26/04-80030-012 150.00 4315 NW 7TH ST 51 STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). 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.

AN TOUR OFFICIENTS.

SIGNATURE: *

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

PRESIDENT

FILED