


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000022921**

1. Entity Name  
**NOMIKI, INC.**



Principal Place of Business      Mailing Address

**468 SOUTH FLORIDA AVE.  
 TARPON SPRINGS, FL 34689**      **468 SOUTH FLORIDA AVE.  
 TARPON SPRINGS, FL 34689**



2. Principal Place of Business      3. Mailing Address

Suite, Apt #, etc      Suite, Apt #, etc

04212004      Chg-P      CR2E034 (10/03)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-3438407**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DRIS, MICHAEL E ESQ.  
 114 SOUTH PINELLAS AVE.  
 TARPON SPRINGS, FL 34689**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature is typed or printed name of registered agent and title of office held. (NOTE: Registered Agent signature required when filing statement.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ABBAS, FAYEK</b>
STREET ADDRESS	<b>468 SOUTH FLORIDA AVE.</b>
CITY- ST- ZIP	<b>TARPON SPRINGS, FL 34689</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ABBAS, NELLIE</b>
STREET ADDRESS	<b>468 SOUTH FLORIDA AVE.</b>
CITY- ST- ZIP	<b>TARPON SPRINGS, FL 34689</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1-800-991-4364  
 ID: 2004-80099-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Nellie Abbas*      *Nellie Abbas*      *4/27/04*      *813-301-0505*

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