

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000057671

1. Entity Name
NILSY DESIGNS, INC.



Principal Place of Business
9910 SANDALFOOT BLVD., UNIT 3
BOCA RATON, FL 33428

Mailing Address
9910 SANDALFOOT BLVD., UNIT 3
BOCA RATON, FL 33428



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0764883	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, JOHN P
2499 GLADES RD., STE. 305A
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office of 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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDRADE, NILSEIA 10199 N. SERENE MEADOWS DR. BOCA RATON, FL 334285201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEREIRA, PATRICIA 10199 N. SERENE MEADOWS DR. BOCA RATON, FL 334285201
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/28/05-80046-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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: *Nilseia Andrade*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-25-05
Date Daytime Phone #