

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000010970

FILED  
May 04, 2009  
Secretary of State

**Entity Name:** NICOL INTERNATIONAL PERMANENT COSMETIC INSTITUTE, INC.

**Current Principal Place of Business:**

1015 WEST INDIANTOWN RD.  
SUITE 201  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

1015 WEST INDIANTOWN RD.  
SUITE 201  
JUPITER, FL 33458

**New Mailing Address:**

3478 LANTERN BAY DRIVE  
JUPITER, FL 33477

**FEI Number:** 65-0812386

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NICOL, MICHELE  
1015 WEST INDIANTOWN RD.  
SUITE 201  
JUPITER, FL 33458 US

**Name and Address of New Registered Agent:**

NICOL, MICHELE  
3478 LANTERN BAY DRIVE  
JUPITER, FL 33477 US

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.

SIGNATURE: MICHELE NICOL

05/04/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: NICOL, MICHELE  
Address: 1015 WEST INDIANTOWN RD. #201  
City-St-Zip: JUPITER, FL 33458

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: NICOL, MICHELE  
Address: 3478 LANTER BAY DRIVE  
City-St-Zip: JUPITER, FL 33477

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE NICOL

PRES

05/04/2009

Electronic Signature of Signing Officer or Director

Date