

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000023042

Entity Name: NICONICO, INC.

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

325 RIDGEWOOD RD.
CORAL GABLES, FL 33133

New Principal Place of Business:

Current Mailing Address:

325 RIDGEWOOD RD.
CORAL GABLES, FL 33133

New Mailing Address:

FEI Number: 65-0816468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VELEZ, AMAURY N
325 RIDGEWOOD RD.
CORAL GABLES, FL 33133 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VELEZ, AMURY N
Address: 325 RIDGEWOOD RD.
City-St-Zip: CORAL GABLES, FL 33133

Title: V () Delete
Name: VELEZ, YURIN
Address: 325 RIDGEWOOD RD.
City-St-Zip: CORAL GABLES, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VELEZ, AMAURY N
Address: 325 RIDGEWOOD RD.
City-St-Zip: CORAL GABLES, FL 33133

Title: V (X) Change () Addition
Name: VELEZ, YURI N
Address: 325 RIDGEWOOD RD.
City-St-Zip: CORAL GABLES, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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: AMAURY VELEZ

PD

04/17/2006

Electronic Signature of Signing Officer or Director

Date