


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90223 042 ***150.00

DOCUMENT # P98000056593 1. Entity Name NYCH CORPORATION																													
Principal Place of Business P.O. BOX 574971 ORLANDO, FL 32857-4971			Mailing Address P.O. BOX 770824 ORLANDO, FL 32877-0824																										
2. Principal Place of Business P.O. Box 770824		3. Mailing Address same																											
Suite, Apt. #, etc. Orlando, FL		Suite, Apt. #, etc. 																											
City & State Orlando, Florida		City & State 		4. FEI Number 59-3525442																									
Zip 32877-0824		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent RIVERA, Yael 11455 S. ORANGE BLOSSOM TRAIL, STE. 11 ORLANDO, FL 32837				7. Name and Address of New Registered Agent Name Aida Ortiz Street Address (P.O. Box Number is Not Acceptable) 11455 S. Orange Blossom Tr, Suite 1 City Orlando FL Zip Code 32837																									
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 <u><i>Aida Ortiz</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><i>April 15, 2005</i></u>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">HERRERA, CARMEN</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">11455 S. ORANGE BLOSSOM TRAIL, STE. 11</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">ORLANDO, FL 32837</td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	HERRERA, CARMEN		STREET ADDRESS	11455 S. ORANGE BLOSSOM TRAIL, STE. 11		CITY-ST-ZIP	ORLANDO, FL 32837		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">Carmen Herrera</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">11455 S. Orange Blossom Tr., Ste 1</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Orlando, FL. 32837</td> </tr> </table>			TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Carmen Herrera		STREET ADDRESS	11455 S. Orange Blossom Tr., Ste 1		CITY-ST-ZIP	Orlando, FL. 32837	
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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.
 SIGNATURE: *Carmen Herrera* 4-15-2005 (407) 855-3134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #