

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000062048

1. Entity Name
NICA-MEX, INC.



Principal Place of Business
626 99TH AVE. NORTH
NAPLES, FL 34108

Mailing Address

626 99TH AVE. NORTH
NAPLES, FL 34108

2. Principal Place of Business

4524 30th Pl SW

3. Mailing Address

4524 30th Pl SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34116

Country

USA

Zip

34116

Country

USA

6. Name and Address of Current Registered Agent

TENORIO SARRIA, CARLOS ANTONIO
495 NW 72 AVE, #309
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name Carlos Tenorio

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

4524 30th Pl SW

City Naples

FL Zip 34116

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

Carlos Tenorio

04/14/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

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 PD Delete
NAME TENORIO SARRIA, CARLOS ANTONIO
STREET ADDRESS 626-99 AVE N 4524 30th Pl SW
CITY-ST-ZIP NAPLES, FL 34108-34116

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD Delete
NAME TENORIO, NATIVIDAD A
STREET ADDRESS 626-99TH AVE-NORTH 4524 30th Pl SW
CITY-ST-ZIP NAPLES, FL 34108-34116

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD Delete
NAME ROGELIO, OLIVARES F
STREET ADDRESS 626-99 AVE-N 4524 30th Pl SW
CITY-ST-ZIP NAPLES, FL 34108-34116

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

Carlos Tenorio

04/14/05

Date

Daytime Phone #

**FILED
Apr 20, 2005 8:00 am
Secretary of State**

04-20-2005 90321 030 ***150.00

50039295



02152005 Chg-P CR2E034 (10/03)