

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-20-2005 90321 030 \*\*\*150.00

<b>DOCUMENT # P98000062048</b>	
1. Entity Name <b>NICA-MEX, INC.</b>	



Principal Place of Business <b>626 99TH AVE. NORTH NAPLES, FL 34108</b>	Mailing Address <b>626 99TH AVE. NORTH NAPLES, FL 34108</b>
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**50039295**



2. Principal Place of Business <b>4524 30th Pl SW</b>	3. Mailing Address <b>4524 30th Pl SW</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02152005 Chg-P CR2E034 (10/03)

City & State <b>Naples FL</b>	City & State <b>Naples, FL</b>
Zip <b>34116</b>	Country <b>USA</b>

4. FEI Number <b>65-0900903</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>TENORIO SARRIA, CARLOS ANTONIO 495 NW 72 AVE, #309 MIAMI, FL 33126</b>		7. Name and Address of New Registered Agent Name <b>Carlos Tenorio</b> Street Address (P.O. Box Number is Not Acceptable) <b>4524 30th Pl SW</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34116</b>	
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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	DATE <b>04-14-05</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TENORIO SARRIA, CARLOS ANTONIO <input type="checkbox"/> Delete <b>626-99 AVE N 4524 30th Pl SW NAPLES, FL 34108 34116</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TENORIO, NATIVIDAD A <input type="checkbox"/> Delete <b>626-99TH AVE NORTH 4524 30th Pl SW NAPLES, FL 34108 34116</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROGELIO, OLIVARES F <input type="checkbox"/> Delete <b>626-99 AVE N 4524 30th Pl SW NAPLES, FL 34108 34116</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:	Date <b>04-14-05</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	