

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90372 030 \*\*\*150.00

**DOCUMENT # P98000081424**

1. Entity Name

NISKER U.S.A., INC.



Principal Place of Business

10175 COLLINS AVENUE #702  
BAL HARBOUR FL 33154

Mailing Address

18211 NE 18TH AVE  
ATTN: WARREN FREISTAT, CA  
NORTH MIAMI BEACH FL 33162  
US

2. Principal Place of Business

3. Mailing Address

18205 DISCOVERY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Aventura FL

Zip

Country

Zip

Country

33160

USA

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0876125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAMNICK, MARIO ESQ.  
9050 PINES BOULEVARD  
SUITE 366  
PEMBROKE PINES FL 33024

Name

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

City

FL

Zip Code

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

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete  
NAME NISKER, DAVID  
STREET ADDRESS 10175 COLLINS AVENUE #702  
CITY-ST-ZIP BAL HARBOUR FL 33154

TITLE VD ☐ Delete  
NAME NISKER, JOYCE  
STREET ADDRESS 1455 SHERBROOKE ST WEST MEZZ 200  
CITY-ST-ZIP MONTREAL, QUEBEC H3G-112

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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 prepare 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 information provided.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOYCE NISKER TAKEFAM  
APR 12/05