

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000015015

Entity Name: NAT NIC CORP

FILED
Sep 06, 2005
Secretary of State

Current Principal Place of Business:

P.O. BOX 830843
MIAMI, FL 33283 US

New Principal Place of Business:

P.O. BOX 22303
HIALEAH, FL 33002 US

Current Mailing Address:

P.O. BOX 830843
MIAMI, FL 33283 US

New Mailing Address:

P.O. BOX 22303
HIALEAH, FL 33002 US

FEI Number: 65-0898040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALIN, IRAIDA VERA
P.O. BOX 830843
MIAMI, FL 33283 US

Name and Address of New Registered Agent:

MALIN, IRAIDA VERA
P.O. BOX 22303
HIALEAH, FL 33002 US

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:

09/06/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: IRAIDA, VERA-MALIN
Address: P.O. BOX 830843
City-St-Zip: MIAMI, FL 33283

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: IRAIDA, VERA-MALIN
Address: P.O. BOX 22303
City-St-Zip: HIALEAH, FL 33002

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IRAIDA MALIN

PRES

09/06/2005

Electronic Signature of Signing Officer or Director

Date