## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000044263

Entity Name: NIKROS, INC.

City-St-Zip:

CHARLOTTE, NC 282624529

FILED Apr 21, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4721 UNIVERSITY DR CORAL GABLES, FL 33146 **Current Mailing Address: New Mailing Address:** C/O R &S MGMT 1981 J.N. PEASE PL SUITE 101 CHARLOTTE, NC 282624529 US FEI Number: 65-0925515 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SORKIN, LAWRENCE 4721 UNIVERSITY DR. MIAMI, FL 33146 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition SORKIN, SELMA Name: Name: 10 EDGEWATER DR. #6G Address: Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SORKIN, STEVEN Name: 11900 FARMLAND DR Address: Address: ROCKVILLE, MD 20952 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition LOSBEN, JUDITH Name: Name: 210 W RITTENHOUSE SQ #2507 Address: Address: City-St-Zip: PHILADELPHIA, PA 19103 City-St-Zip: Title: () Delete Title: () Change () Addition SORKIN, LAWRENCE Name: Name: Address: 1981 J.N. PEASE PL SUITE 101 Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: LAWRENCE SORKIN VP 04/21/2008