

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90039 012 ***150.00

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01152005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000063818 1. Entity Name NIMITEK INTERNATIONAL CORP.																	
Principal Place of Business 15680 S.W. 150TH AVENUE MIAMI, FL 33187			Mailing Address 15680 S.W. 150TH AVENUE MIAMI, FL 33187														
2. Principal Place of Business 13605 SW 149TH AVE Suite, Apt. #, etc. #6		3. Mailing Address 13605 SW 149TH AVE Suite, Apt. #, etc. #6		4. FEI Number 65-0936648 Applied For <input type="checkbox"/> Not Applicable													
City & State MIAMI		City & State MIAMI															
Zip 33196		Country DADE															
Zip 33196		Country DADE															
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PERAZA, PEDRO C 15680 S.W. 150TH AVENUE MIAMI, FL 33187													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D PERAZA, PEDRO C</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PERAZA, PEDRO C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15680 S.W. 150TH AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33187</td> <td></td> </tr> </table>		TITLE	D PERAZA, PEDRO C	<input type="checkbox"/> Delete	NAME	PERAZA, PEDRO C		STREET ADDRESS	15680 S.W. 150TH AVENUE		CITY-ST-ZIP	MIAMI, FL 33187	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition															
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		PEDRO C. PERAZ Date: 1/14/05 Daytime Phone #: 305-378-5229															