


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90444 008 ***150.00

DOCUMENT # P99000092353		
1. Entity Name NIGATA OF AMERICA CORPORATION		

Principal Place of Business 12900 SW 128 ST, STE 105 MIAMI, FL 33186	Mailing Address 12900 SW 128 ST, STE 105 MIAMI, FL 33186
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2. Principal Place of Business 1001 BRICKELL BAY DR. Suite, Apt. #, etc. 1502	3. Mailing Address 7204 SW 122 PL Suite, Apt. #, etc.
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City & State MIAMI, FL 33183	City & State MIAMI, FL
Zip 33183	Zip 33183
Country USA	Country USA



04272005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0955183	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MACDANIEL, JOHN M 2 SOUTH BISCAYNE BLVD STE 2975 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent	
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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 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	PVST DONDO, WILSON 7204 SW 122 PLACE MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE:  **Wilson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Dondo.** 4-27-05 305 374 3800
Date Daytime Phone #