


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90050 050 ***150.00

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| DOCUMENT # S43351 |  |
| 1. Entity Name NIMCO HOLDINGS U.S.A., INC. | |

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| Principal Place of Business 1912 SOUTH OCEAN DR APT #20-A HALLANDALE, FL 33009 US | Mailing Address 3107 STIRLING ROAD SUITE 308 FT. LAUDERDALE, FL 33312 US |
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40068075



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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 2020 NE 163 St. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. Suite 300 |
| City & State | City & State N.M.B. Florida |
| Zip | Zip 33162 |
| Country | Country USA |

02072008 Chg-P CR2E034 (12/06)

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| 4. FEI Number 52-1725360 | Applied For <input type="checkbox"/> Not Applicable |
| 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 FRIEDMAN, KENNETH A. 3107 STIRLING RD, SUITE 308 FORT LAUDERDALE, FL 33312 | 7. Name and Address of New Registered Agent Name FRIEDMAN, KENNETH A. ESQ. Street Address (P.O. Box Number is Not Acceptable) 2020 NE 163 St. Suite 300 City N.M.B. FL Zip Code 33162 |
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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 *Kenneth A. Friedman* DATE 4/8/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | DPST MILLER, NINA 1912 SOUTH OCEAN DRIVE, APT. 20A HALLANDALE, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 exemptions contained 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 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: *Nina Miller* **NINA MILLER** **APRIL-01-2008** **514-386-8181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #