

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024771

Entity Name: NICOLA TRANSPORT & EXCAVATING INC.**Current Principal Place of Business:**413 TRANQUILLE OAKS DR.
OCOE, FL 34761**Current Mailing Address:**413 TRANQUILLE OAKS DR.
OCOE, FL 34761**FEI Number:** 04-3750683**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KHUBLAL, PARSRAM PD
413 TRANQUILLE OAKS DR.
OCOE, FL 34761 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	KHUBLAL, PARSRAM PD
Address	413 TRANQUILLE OAKS DR.
City-State-Zip:	OCOE FL 34761

Title	M
Name	KHUBLAL, RAYMOND SM
Address	413 TRANQUILLE OAKS DR
City-State-Zip:	OCOE FL 34761

Title	S
Name	MOBEEN, NEISHA ES
Address	413 TRANQUILLE OAKS DR
City-State-Zip:	OCOE FL 34761

Title	F
Name	MATIAS, ATENCIO
Address	413 TRANQUILLE OAKS DR
City-State-Zip:	OCOE FL 34761

Title	VP
Name	KHUBLAL, USHANA
Address	413 TRANQUILLE OAKS DR
City-State-Zip:	OCOE FL 34761

Title	AUTHORIZED REPRESENTATIVE
Name	KHUBLAL, NAIMOON N
Address	413 TRANQUILLE OAKS DR.
City-State-Zip:	OCOE FL 34761

I hereby 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 all other like empowered.

SIGNATURE: PARSRAM KHUBLAL**PRESIDENT****01/07/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date