

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003373

FILED
Apr 15, 2011
Secretary of State

Entity Name: SICE, INC.

Current Principal Place of Business:

TWO ALHAMBRA PLAZA
SUITE 1106
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

TWO ALHAMBRA PLAZA
SUITE 1106
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-8429863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: BUENO, ANGEL A
Address: TWO ALHAMBRA PLAZA, SUITE 1106
City-St-Zip: CORAL GABLES, FL 33134

Title: VP
Name: DE LA HERA, JOSE MARIA
Address: TWO ALHAMBRA PLAZA, SUITE 1106
City-St-Zip: CORAL GABLES, FL 33134

Title: SEC
Name: DE LA HERA, JUAN
Address: TWO ALHAMBRA PLAZA, SUITE 1106
City-St-Zip: CORAL GABLES, FL 33134

Title: CFO
Name: MARTIN, JOSE L
Address: TWO ALHAMBRA PLAZA, SUITE 1106
City-St-Zip: CORAL GABLES, FL 33134

Title: VP
Name: CASASUS, RAFAEL
Address: TWO ALHAMBRA PLAZA, SUITE 1106
City-St-Zip: CORAL GABLES, FL 33134

Title: PRES
Name: BUENO, ANGEL AGUILAR
Address: TWO ALHAMBRA PLAZA
City-St-Zip: CORAL GABLES, FL 33134

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: JUAN DE LA HERA

SEC

04/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date