

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90197 034 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F93000004571



1. Entity Name
WICC HOLDINGS, INC.

Principal Place of Business
**7900 ISLAND BLVD.
 NORTH MIAMI BEACH, FL 33160 US**

Mailing Address
**7900 ISLAND BLVD.
 NORTH MIAMI BEACH, FL 33160 US**

24068367



2. Principal Place of Business
4000 ISLAND BOULEVARD

3. Mailing Address
4000 ISLAND BOULEVARD

Suite, Apt. #, etc.
PH2

04262004 Chg-P CR2E034 (10/03)

City & State
AVENTURA, FL

4. FEI Number
65-0445962

Applied For
 Not Applicable

Zip
33160

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**MATUS, ALAN
 7900 ISLAND BLVD
 NORTH MIAMI BEACH, FL 33160**

7. Name and Address of New Registered Agent

Name
MATUS, ALAN

Street Address (P.O. Box Number is Not Acceptable)
4000 ISLAND BOULEVARD, PH2

City
AVENTURA **FL** Zip Code
33160

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: *Alan Matus* **ALAN MATUS (PRESIDENT)** **04-28-04**
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MATUS, ALAN 7900 ISLAND BOULEVARD NORTH MIAMI BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS LIEB, JAMES M 7900 ISLAND BLVD. NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TORPEY, CARITE 7900 ISLAND BOULEVARD NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MATUS, ALAN 4000 ISLAND BOULEVARD, PH2 AVENTURA, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPAS LIEB, JAMES M 4000 ISLAND BLVD, PH2 AVENTURA, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TORPEY, CARITE 4000 ISLAND BLVD, PH2 AVENTURA, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPAS HIRSCH, MARK 4000 ISLAND BOULEVARD, PH2 AVENTURA, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS AMRANI, AYELET 4000 ISLAND BLVD, PH2 AVENTURA, FL, 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Alan Matus* **ALAN MATUS** **04-28-04** **(305) 937-7826**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #