## **2008 FOR PROFIT CORPORATION**

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## ANNUAL REPORT DOCUMENT # P02000087600 **BICA PROPERTIES CORP.** Principal Place of Business Mailing Address

**FILED** Apr 09, 2008 08:00 Al Secretary of State



2475 BRICKELL AVE. APT. 2402 MIAMI, FL 33129

9401 COLLINS AVE. APT. 704 SURFSIDE, FL 33154



04052008

No Chg-P

CR2E034 (11/05)

4. FEI Number 68-0519345

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTIMA, CARLOS R 9401 COLLINS AVE. APT. 704 SURFSIDE, FL 33154

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	000000886789 04/18/08-80072-011 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIS ESTIM, MARIA DE L 2475 BRICKELL AVE., APT. 2402 MIAMI, FL 33129				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTIMA, ALBERTO P 2475 BRICKELL AVE., APT. 2402 MIAMI, FL 33129				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESTIMA, CARLOS R 2475 BRICKELL AVE APT. 2402 MIAMI, FL 33129			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CXTY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					• • • • • • • • • • • • • • • • • • •
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 eath; 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.					