## ANNUAL REPORT

## FILED **DOCUMENT # P95000087911** Mar 05, 2004 08:00 AM 1. Entity Name ICHE'S CORPORATION **Secretary of State** Mailing Address Principal Place of Business 1220 MARSEILLES DR. 1095 N. SHORE DRIVE MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 01292004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0632555 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent POPLACK, ARIEL ESQ. DO NOT WRITE 4700-B SHERIDAN ST HOLLYWOOD, FL 33021 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, typod or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE U000000077424 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Added to Fees 03/05/04-80042-006 150.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS อนธ BRILL, SARA NAME STREET ADDRESS 1220 MARSEILLES DR. MIAMI BEACH, FL 33141 CITY-ST-ZIP BN F BRILL, SARA NAME STREET ADDRESS 1220 MARSEILLES DR. CITY-ST-ZIP MIAMI BEACH, FL 33141 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIBE NAME STREET ADDRESS CITY-ST-ZIP BILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 cath; 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 AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: