

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000087911

1. Entity Name
ICHE'S CORPORATION



Principal Place of Business
**1220 MARSEILLES DR.
 MIAMI BEACH, FL 33141**

Mailing Address
**1095 N. SHORE DRIVE
 MIAMI BEACH, FL 33141**



03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0632555** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**POPLACK, ARIEL ESQ.
 4700-B SHERIDAN ST
 HOLLYWOOD, FL 33021**

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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

000000489827
 04/18/06-80028-025 150.00

10. OFFICERS AND DIRECTORS

TITLE **PVST**
 NAME **BRILL, SARA**
 STREET ADDRESS **1220 MARSEILLES DR.**
 CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE **D**
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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 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: Sara Brill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06
Date

305 244 0606
Daytime Phone #