


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # S19269
1. Entity Name
BICHI CORPORATION



Principal Place of Business 1915 BRICKELL AVE APT C-402 MIAMI, FL 33129-1709	Mailing Address 1915 BRICKELL AVE APT C-402 MIAMI, FL 33129-1709
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03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0335324	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**WISNIACKI, FABIAN
1915 BRICKELL AVE #C-402
MIAMI, FL 33129**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD WISNIACKI, BENJAMIN 1915 BRICKELL AVE #C-402 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SPITERI, ANA STELMA 1915 BRICKELL AVE #C-402 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISNIACKI DE BLOCH, M. 1915 BRICKELL AVE #C-402 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISNIACKI, SALOMON G. 1915 BRICKELL AVE #C-402 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISNIACKI DE BERMAN, G.R. 1915 BRICKELL AVE #C-402 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT WISNIACKI, FABIAN 1915 BRICKELL AVE C-402 MIAMI, FL

1100000328938
04/25/05-80099-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X  **FABIAN WISNIACKI, DIR.** **3/14/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #