2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90016 011 ***150.00

DOCUMENT # 484553

1. Entity Name
PICPAN, INC.

54017790

01192004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
9350 SOUTH DIXIE HIGHWAY SUITE 1550 MIAMI, FL 33156 US	9350 SOUTH DIXIE HIGHWAY SUITE 1550 MIAMI, FL 33156 US

2. Principal Place of Business	3. Mailing Address
1390 Brickell Avenue	1390 Brickell Avenue
Suite, Apt. #, etc.: Suite 280	Suite, Apt. #, etc.: Suite 280
City & State: Miami Florida	City & State: Miami Florida
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. FEI Number: 59-1637984 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, WILLIAM C., JR.
9350 SOUTH DIXIE HIGHWAY
SUITE 1550
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name: Lewis, William, C. Jr.
Street Address (P.O. Box Number is Not Acceptable): 1390 Brickell Avenue
Suite 280
City: Miami FL Zip Code: 33131

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] William C. Lewis, Jr. 2-10-04
(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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE	PTD	☑ Change ☐ Addition
NAME	CABELLERO, FERNANDO		NAME	Caballero, Fernando	
STREET ADDRESS	9350 SOUTH DIXIE HIGHWAY STE.1550		STREET ADDRESS	1390 Brickell Avenue, Suite 280	
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP	Miami, Florida 33131	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] Fernando Caballero, Pres. Feb 22/04 786 425-2284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #