

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90125 004 ***150.00

DOCUMENT # P01000040670

1. Entity Name
CRICA, INC.



Principal Place of Business
**1221 BRICKELL AVE.
STE. 957
MIAMI, FL 33131**

Mailing Address
**P.O. BOX 310698
MIAMI, FL 33231-0698**

50029747



2. Principal Place of Business
1221 BRICKELL AVE

3. Mailing Address

Suite, Apt. #, etc.
9TH FLOOR

Suite, Apt. #, etc.

City & State
MIAMI

City & State

Zip
FL Country
33131

Zip Country

01142005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1127837

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRINGTON, CARLOS
1221 BRICKELL AVE.
STE. 957
MIAMI, FL 33131**

PLEASE CHANGE TO 9TH FLOOR

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

3/16/05

**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
D
NICOLI, CARLOS LUIS ☐ Delete
1221 BRICKELL AVE., STE. 957 *9TH FLOOR*
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PELUFFO, MARIA CRISTINA ☐ Delete
1221 BRICKELL AVE., STE. 957 *9TH FLOOR*
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/05