

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90224 038 ***150.00

DOCUMENT # P04000075022

1. Entity Name
PICH, INC.



Principal Place of Business
2101 S. OCEAN DRIVE
APT. 2201
HOLLYWOOD, FL 33019 US

Mailing Address
2101 S. OCEAN DRIVE
APT. 2201
HOLLYWOOD, FL 33019 US

50052267



2. Principal Place of Business

3. Mailing Address

2101 SOUTH OCEAN DR.

Suite, Apt. #, etc.

2201

Suite, Apt. #, etc.

05042005

Chg-P

CR2E034 (10/03)

City & State

HOLLYWOOD

City & State

FLORIDA

4. FEI Number

20-1097878

Applied For

Not Applicable

Zip

33019

Country

US

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORBAN-VINA, MIRTA
2101 S. OCEAN DRIVE
APT. 2201
HOLLYWOOD, FL 33019

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

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GORBAN-VINA, MIRTA
2101 S. OCEAN DRIVE, #2201
HOLLYWOOD, FL 33019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GORBAN, MIRTA
2101 SOUTH OCEAN DRIVE APT 2201
HOLLYWOOD, FLORIDA 33019 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/05

Date

Daytime Phone #