


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90025 021 \*\*\*150.00

**DOCUMENT # 626233**  
 1. Entity Name  
**DICO ENTERPRISES, INC.**



Principal Place of Business Mailing Address  
**119 N.E. 14TH ST. 119 N.E. 14TH ST.**  
**MIAMI, FL 33132-1312 MIAMI, FL 33132-1312**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-1994111** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



01142008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  
**RITTER, GREGORY, J**  
**C. RITTER & CHUSID**  
**7000 W PALMETTO PK RD., SUITE 409**  
**BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent  
 Name **Ritter Gregory J**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5850 Coral Ridge Drive # 201**  
 City **Coral Springs** FL Zip Code **33076**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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 KAPLAN, EDWARD H 10346 NW 4 ST CORAL SPRINGS, FL 33071	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D GRUMAN, MIN R. 5860 N.W. 44TH ST. 415 LAUDERHILL, FL 33319	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD KAPLAN, JUDITH, W 10346 NW 4TH ST CORAL SPRINGS, FL 33071	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D LEVENSON, MARY J 10531 CEDAR LAKE RD # 205 MINNETONKA, MN 55305	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 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:** *Edward Kaplan* **1/15/08** **305.374.5161**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #