

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000093384

**Entity Name:** BICADVICE CORP

**Current Principal Place of Business:**

5060 SW 64 AV APT 113  
113  
DAVIE, FL 33314

**Current Mailing Address:**

5060 SW 64 AV APT 113  
113  
DAVIE, FL 33314

**FEI Number:** 46-4137504

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BOLIVAR, JUAN C  
5060 SW 64 AV  
113  
DAVIE, FL 33314 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BOLIVAR, JUAN C  
Address 5060 SW 64 AV APT 113  
City-State-Zip: DAVIE FL 33314

Title VP  
Name CEDENO, JEFFERSON  
Address CALLE 55 13-38  
City-State-Zip: CALI- COLOMBIA FL 33314

Title VP  
Name BOLIVAR, RICARDO A  
Address 5060 SW 64 AV APT 113  
City-State-Zip: DAVIE FL 33314

Title COLOMBIA EDUCATIONAL ADVISOR  
Name ANDRES, VARGAS SR.  
Address 5060 SW 64 AV APT 113  
113  
City-State-Zip: DAVIE FL 33314

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUAN C BOLIVAR

**PRESIDENT**

**03/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date