


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 307719	
1. Entity Name BICHACHI ORIGINALS, INC.	

Principal Place of Business 9375 PARK DR STE 1 MIAMI SHORES, FL 33138 US	Mailing Address 9375 PARK DR STE 1 MIAMI SHORES, FL 33138 US
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1150588	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BICHACHI, ISRAEL
525 N. SHORE DR.
MIAMI BEACH, FL 33141**

DO NOT WRITE IN THIS SPACE

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 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BICHACI, MOISES 7950 BISCAYNE POINT CIRCLE MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORTUNA, MAYA 1201 STILLWATER DRIVE MIAMI, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BICHACHI, SAMUEL 1505 DAYTONA ROAD MIAMI, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BICHACHI, ISRAEL 525 NORTH SHORE DRIVE MIAMI, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/15/08-80079-025 150.00

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: *Fortuna Smukler* **Fortuna Smukler**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-08 **305-759-5404**
Date Daytime Phone #