

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90279 001 ***150.00

DOCUMENT # 522115

1. Entity Name
GARY A. LICKO AND COMPANY, INC.



Principal Place of Business

**8817 S.W. 131 STREET
MIAMI, FL 33176**

Mailing Address

**8817 S.W. 131 STREET
MIAMI, FL 33176**

20041705



2. Principal Place of Business

3. Mailing Address

12100 S.W. 89th AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122005

Chg-P

CR2E034 (10/03)

City & State

City & State

MIAMI, FL

4. FEI Number

59-1726208

Applied For

Not Applicable

Zip

Country

Zip

33176

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

**LICKO, GARY A.
12100 SW 89TH AVENUE
MIAMI, FL 33176**

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME LICKO, GARY A.
STREET ADDRESS 12100 SW 89TH AVENUE
CITY-ST-ZIP MIAMI, FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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:

Gary A. Licko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary A Licko

April 18, 2005 (305)233-0589

Date

Daytime Phone #