

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

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

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



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KAPLAN, EDWARD H 10346 NW 4 ST CORAL SPRINGS, FL 33071
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUMAN, MIN R. 5860 N.W. 44TH ST. 415 LAUDERHILL, FL 33319
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAPLAN, JUDITH, W 10346 NW 4TH ST CORAL SPRINGS, FL 33071
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVENSON, MARY J 10531 CEDAR LAKE RD # 205 MINNETONKA, MN 55305
--	--

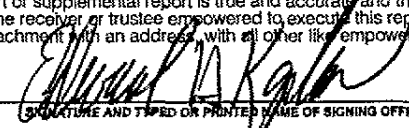
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

000000620861
02/09/07-80055-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/07 **954.753.5493**