

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 841677

1. Entity Name
BIC MANAGEMENT CORP.



Principal Place of Business
**C/O GERMAN RODRIGUEZ
641 FIFTH AVE PH3
NEW YORK, NY 10022**

Mailing Address
**C/O GERMAN RODRIGUEZ
641 FIFTH AVE PH3
NEW YORK, NY 10022**



03112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2851982

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STROOCK & STROOCK & LAVAN LLP
% DAVID C. POLLACK, ESQ.
200 S. BISCAYNE BLVD., SUITE 3300
MIAMI, FL 33131-2385**

**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 re-registering)

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**

**1100000267854
03/18/05-80020-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
TORRES, MANUEL
641 FIFTH AVENUE PH3
NEW YORK, NY 10022**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GORRONDONA, JR JJG
641 FIFTH AVENUE PH3
NEW YORK, NY 10022**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
RODRIGUEZ, GERMAN
641 FIFTH AVENUE PH3
NEW YORK, NY 10022**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/05 (212) 980-9870

Date

Daytime Phone #