

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G02273

Entity Name: FERNANDO ALICOT INC.

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

1138 MILAN AVE  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

1138 MILAN AVENUE  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

1138 MILAN AVE  
CORAL GABLES, FL 33134 US

## New Mailing Address:

1138 MILAN AVENUE  
CORAL GABLES, FL 33134 US

FEI Number: 59-2231348

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALICOT, FERNANDO  
1138 MILAN AVE  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

ALICOT, FERNANDO  
1138 MILAN AVENUE  
CORAL GABLES, FL 33134 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:

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ALICOT, FERNANDO  
Address: 1138 MILAN AVE.  
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete  
Name: ALICOT, IRENE  
Address: 1138 MILAN AVE.  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ALICOT, FERNANDO  
Address: 1138 MILAN AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: SD (X) Change ( ) Addition  
Name: ALICOT, IRENE  
Address: 1138 MILAN AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FERNANDO ALICOT

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date