

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G02273

Entity Name: FERNANDO ALICOT INC.

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1138 MILAN AVENUE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

1138 MILAN AVENUE  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

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 AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALICOT, FERNANDO  
Address: 1138 MILAN AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: SD  
Name: ALICOT, IRENE  
Address: 1138 MILAN AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: FERNANDO ALICOT

PD

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date