

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # K84331
 1. Entity Name
 LICARI ENTERPRISES, INC.



Principal Place of Business 3590 SOUTH STATE ROAD 7 SUITE #7 MIRAMAR, FL 33023 US	Mailing Address 2361 NW 96 TERRACE APT 18F PEMBROKE PINES, FL 33024 US
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DO NOT WRITE IN THIS SPACE



01142006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0117074	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LICARI, ANTHONY M
 2361 NW 96 TERR.
 APT 18F
 PEMBROKE PINES, FL 33024

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	P LICARI, KELLY 2361 NW 96 TERR. APT 18F PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000791677
 01/24/06-80051-010 150.00

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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 other like empowered.

SIGNATURE: Anthony Licari Kelly Licari/16/06 954-436-7931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #