

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90346 001 \*\*\*150.00

**DOCUMENT # L21648**

1. Entity Name  
ALLICA ARCHITECTURAL GROUP, INC.



Principal Place of Business  
2454 NE 13 AVENUE  
WILTON MANORS, FL 33305 US

Mailing Address  
624 N W 28TH STREET  
WILTON MANORS, FL 33311 US

**DO NOT WRITE IN THIS SPACE**



03312006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0144372

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ALLICA, ROBERT C  
624 NW 28TH ST  
WILTON MANORS, FL 33311

**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 reinstating)

DATE \_\_\_\_\_

**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 P  
NAME ALLICA, ROBERT  
STREET ADDRESS 624 NW 28TH ST  
CITY - ST - ZIP WILTON MANORS, FL 33311

TITLE  
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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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Allica

03/30/06

Date

(954) 563-5320

Daytime Phone #