


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jul 28, 2005 08:00 AM  
Secretary of State**

DOCUMENT # L78949 1. Entity Name SICCARDI HOLDINGS, INC.	
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Principal Place of Business 18840 NW 2ND STREET PEMBROKE PINES, FL 33029 US	Mailing Address 18840 NW 2ND STREET PEMBROKE PINES, FL 33029 US
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**DO NOT WRITE IN THIS SPACE**



07122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0207681	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 SICCARDI, ROSSANA 18840 NW 2ND STREET PEMBROKE PINES, FL 33029	<b>DO NOT WRITE IN THIS SPACE</b>
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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)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Elección Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS SICCARDI, ROSSANA 18840 NW 2ND STREET PEMBROKE PINES, FL 33029
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07/28/05-80003-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:  DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR