2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000030284

1. Entity Name
SICOMMERCE CORPORATION



FILI Mar 27, 200 Secretary

Principal Place of Business

C/O ARAZOZA & FENENDEZ-FRAGA PA 2100 SALZEDO STREET SUITE 300 CORAL GABLES, FL 33134 Mailing Address

C/O ARAZOZA & FENENDEZ-FRAGA PA 2100 SALZEDO STREET SUITE 300 CORAL GABLES, FL 33134



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03022006	No Chg-P	CR2E034 (11/05)

4. FEI Number
65-1094517

6. Certificate of Status Desired

Applied I Not Applied I

Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARAZOZA & FERNANDEZ-FRAGA PA 2100 SALZEDO STREET SUITE 300 CORAL GABLES, FL 33134

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	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	ed office or i	registered agent, or bo	th, in the State of Florida. I am familiar with, and a	
SIGNATURE_	Signature, typed or printed name of registered agent and 1999	Sancheable /NOTE Baristere	i Agent signs to	e required when reinstating)	DATE	
	Signature, special printed name of registerio agent and line	1 applicable. Indic, registate	t Agailt aignaidh	o requires when removes,		
FILE NOW!!! FEE !S \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May 6 Added to Fees		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS]			
ritle Name Stree! Address City-St-Zip	P OTAOLA, CARLOS G C/O 2100 SAKZGDI STREET, #300 CORAL GABLES, FL 33134		<u> </u>			
TITLE NAME STREET ADDRESS GITY-ST-ZIP						
TITLE NAME SIREET ADDRESS CITY-ST-ZIP			04/10/06-90051-018 150.00 DO NOT WRITE			
TITLE NAME STREET ADDRESS GITY-SI-ZIP			IN THIS SPACE			
TITLE NAME STREEJ ADDRESS GITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
	partify that the information symplicid with this fi	ling does not qualify for the eve	amptions of	entained in Chanter 119	Florida Statutes I further certify that the infimu	

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 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 officer or 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 Sichlanged, or on an attachment with an eddress with all other like empowered.

SIGNATURE: