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Mar 16, 2004 8:00 am
Secretary of State
03-16-2004 90016 023 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000040670

1. Entity Name
CRICA, INC.

04017928

Principal Place of Business	Mailing Address
1581 BRICKELL AVE., STE. 1202 MIAMI, FL 33129	P.O. BOX 310698 MIAMI, FL 33231-0698

02272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1221 BRICKELL AVE. Suite, Apt. #, etc. SUITE 957	Suite, Apt. #, etc.
City & State MIAMI, FL.	City & State
Zip 33131 Country USA	Zip Country

4. FEI Number
65-1127837
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRINGTON, CARLOS 1581 BRICKELL AVE., STE. 1202 MIAMI, FL 33129	Name: CARLOS HARRINGTON Street Address (P.O. Box Number is Not Acceptable): 1221 BRICKELL AVE, SUITE 957 City: MIAMI FL Zip Code: 33131

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: _____ 3/11/04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICOLI, CARLOS LUIS 1581 BRICKELL AVE., STE. 1202 MIAMI, FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1221 BRICKELL AVE, STE 957 MIAMI, FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PELUFFO, MARIA CRISTINA 1581 BRICKELL AVE., STE. 1202 MIAMI, FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1221 BRICKELL AVE, STE 957 MIAMI, FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS HARRINGTON, CARLOS 1581 BRICKELL AVE. STE. 1202 MIAMI, FL 33129	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 3/11/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #