


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90008 020 ***158.75

DOCUMENT # <u>FD1000042193</u>	
1. Entity Name <u>C. I. PIKE + REPIKE, CORPORATION</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>4420 N.W. 74 AVE.</u>		3. Mailing Address <u>4420 N.W. 74 AVE.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI, FL</u>		City & State <u>MIAMI, FL</u>	
Zip <u>33166</u>	Country <u>USA</u>	Zip <u>33166</u>	Country <u>USA</u>

40027406

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1135214</u>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE			7. Name and Address of Current Registered Agent	
			Name <u>ESCOBAR, BEATRIZ I.</u>	
			Street Address (P.O. Box Number is Not Acceptable) <u>4420 N.W. 74 AVE</u>	
			City <u>MIAMI, FL</u>	Zip Code <u>33166</u>

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 <u>Beatriz Escobar - Beatriz Escobar</u>	DATE <u>2/16/07</u>

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT</u> <u>ESCOBAR, BEATRIZ I.</u> <u>4420 N.W. 74 AVE.</u> <u>MIAMI, FL 33166</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VICE PRESIDENT</u> <u>TORRES, ORLANDO J.</u> <u>4420 N.W. 74 AVE.</u> <u>MIAMI, FL 33166</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Beatriz Escobar - Beatriz Escobar</u>	DATE <u>2/16/07</u> (305) 6391721

CR2E034B (12/02)