2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000112868

1. Entity Name
PC-PICA CADAMA INVESTMENTS, INC.

Principal Place of Business	Mailing Address
7778 NW 116 AVENUE MIAMI, FL 33178	7778 NW 116 AVENUE MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE

02282008   No Chg-P   CR2E034 (11/05)

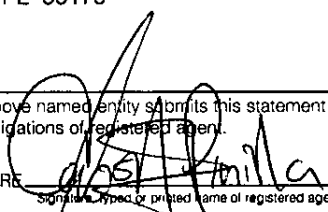| 4. FEI Number	Applied For
65-1156134	Not Applicable

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

6. Name and Address of Current Registered Agent

PINILLA, CARLOS
7778 NW 116 AVENUE
MIAMI, FL 33178

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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 _____

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, 2008 Fee will be $550.00

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

U00000847181
03/19/08-80010-001 150.00

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	PINILLA, CARLOS
STREET ADDRESS	7778 NW 116 AVENUE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D
NAME	PINILLA, DAVID
STREET ADDRESS	7778 NW 116 AVENUE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____   02/28/09   305 333 0901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #