

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90216 048 \*\*\*150.00

**DOCUMENT # P02000038677**

1. Entity Name  
QUICO, CO.



Principal Place of Business  
5031 NE 23RD AVENUE  
LIGHTHOUSE POINT, FL 33064

Mailing Address  
5031 NE 23RD AVENUE  
LIGHTHOUSE POINT, FL 33064

**54039541**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

02-0578337

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NICOLINI, ALEJANDRO  
4650 SW 51ST STREET  
BAY 711  
DAVIE, FL 33314

Name

Street Address (P.O. Box Number is Not Acceptable)

5031 NE 23rd Avenue

City

Lighthouse Pointe

FL

Zip Code

33064

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing

**\$5.00 May Be  
Added to Fees**

Trust Fund Contribution: ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete  
NAME NICOLINI, ALEJANDRO  
STREET ADDRESS 4650 SW 51ST STREET 711  
CITY-ST-ZIP DAVIE, FL 33314

TITLE ☒ Change ☐ Addition  
NAME 5031 NE 23rd Avenue  
STREET ADDRESS Lighthouse Pointe, FL 33064  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME NICOLINI, ALDO ALEJANDRO  
STREET ADDRESS 4650 SW 51ST STREET 711  
CITY-ST-ZIP DAVIE, FL 33314

TITLE ☒ Change ☐ Addition  
NAME 5031 NE 23rd Avenue  
STREET ADDRESS Lighthouse Pointe, FL 33064  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME NICOLINI, CARLA  
STREET ADDRESS 4650 SW 51ST STREET, 711  
CITY-ST-ZIP DAVIE, FL 33314

TITLE ☒ Change ☐ Addition  
NAME 5031 NE 23rd Avenue  
STREET ADDRESS Lighthouse Pointe, FL 33064  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04

Date

Daytime Phone #

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Attachment  
CLIENT'S COPY

54039541



DOCUMENT # P02000038677			
1. Entity Name QUICO, CO.			
Principal Place of Business 5031 NE 23RD AVENUE LIGHTHOUSE POINT, FL 33064		Mailing Address 5031 NE 23RD AVENUE LIGHTHOUSE POINT, FL 33064	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 02-0578337		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 NICOLINI, ALEJANDRO 4650 SW 51ST STREET BAY 711 DAVIE, FL 33314		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5031 NE 23rd Avenue City Lighthouse Pointe FL 33064	
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SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NICOLINI, ALEJANDRO 4650 SW 51ST STREET 711 DAVIE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5031 NE 23rd Avenue Lighthouse Point, FL 33064
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SIGNATURE:		4/15/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	