

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043802

Entity Name: PIC CORP

FILED  
Jul 16, 2008  
Secretary of State

## Current Principal Place of Business:

924 NW 22ND STREET  
MIAMI, FL 33127

## New Principal Place of Business:

## Current Mailing Address:

9195 COLLINS AVE  
PH-1  
SURFSIDE, FL 33154

## New Mailing Address:

FEI Number: 04-3654593      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MEDINA, MARIELA  
9195 COLLINS AVE  
PH1  
SURFSIDE, FL 33154 US

## Name and Address of New Registered Agent:

POLANCO, LILIANA  
9195 COLLINS AVE  
PH1  
SURFSIDE, FL 33154 US

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.

SIGNATURE: LILIANA POLANCO

07/16/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MEDINA, MARIELA  
Address: 9195 COLLINS AVE APT # PH1  
City-St-Zip: SURFSIDE, FL 33154

Title: VP ( ) Delete  
Name: CAFFERATA, LILIANA S  
Address: 306 WARM SPRINGS  
City-St-Zip: ROSWELL, GA 30075

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LILIANA, POLANCO  
Address: 9195 COLLINS AVE APT # PH1  
City-St-Zip: SURFSIDE, FL 33154

Title: VP (X) Change ( ) Addition  
Name: MEDINA, MARIELA I  
Address: 7545 EAST TREASURE DR APT # 7D  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: D ( ) Change (X) Addition  
Name: CAFFERATA, LILIANA S  
Address: 1459 NW 2 ST APT # 1  
City-St-Zip: MIAMI, FL 33125

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILIANA CAFFERATA

D

07/16/2008

Electronic Signature of Signing Officer or Director

Date