


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90003 013 ***158.75

DOCUMENT # P02000056487

1. Entity Name
PRUCSIKE HOLDINGS, INC.



Principal Place of Business Mailing Address
1135 KANE CONCOURSE 2FL **1135 KANE CONCOURSE 2FL**
BAY HARBOR ISLANDS, FL 33154 **BAY HARBOR ISLANDS, FL 33154**

54059888



2. Principal Place of Business 3. Mailing Address
1135 KANE CONCOURSE **1135 KANE CONCOURSE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
504 **504**

07022004 Chg-P CR2E034 (10/03)

City & State City & State
BAY HARBOR ISLANDS, FL **BAY HARBOR ISLANDS, FL**
 Zip Country
33154 **FL** **FL** **FL**

4. FEI Number Applied For
01-0698067 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee-Required

6. Name and Address of Current Registered Agent
KOVACS, ANDREW G
1135 KANE CONCOURSE 2FL
BAY HARBOR ISLANDS, FL 33154

7. Name and Address of New Registered Agent
 Name
ANDREW G. KOVACS, MD.
 Street Address (P.O. Box Number is Not Acceptable)
1135 KANE CONCOURSE
SUITE 504
BAY HARBOR ISLANDS, FL 33154

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]* DATE: **7-2-04**

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

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

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KOVACS, ANDREW G	
STREET ADDRESS	1135 KANE CONCOURSE 2FL	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW G. KOVACS, MD	
STREET ADDRESS	1135 KANE CONCOURSE, SUITE 504	
CITY-ST-ZIP	BAY HARBOR IS., FL 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *[Signature]* DATE: **07-02-04** **305 805-1995**

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