## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000056487

PRUCSIKE HOLDINGS, INC.



**FILED** Apr 14, 2006 08:00 AM Secretary of State

Principal Place of Business

1111 KANE CONCOURSE 2FL

504

BAY HARBOR ISLANDS, FL 33154

Mailing Address

1111 KANE CONCOURSE 2FL

504

DO NOT WRITE IN THIS SPACE

BAY HARBOR ISLANDS, FL 33154



04042006

No Chg-P

CR2E034 (11/05)

4. FEI Number 01-0698067

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulted

6. Name and Address of Current Registered Agent

KOVACS, ANDREW G 1111 KANE CONCOURSE STE 504

BAY HARBOR ISLANDS, FL 33154

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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. 1 am familiar with, and accept
	the obligations of registered agent.

(NOTE: Registered Agent signature required when rehistating)

Signature, typed or printed name of registered agent and title it applicable.

\$5.00 May Be

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution,

Added to Fees

OFFICERS AND DIRECTORS 10. TITLE KOVACS, ANDREW G NAME 1111 KANE CONCOURSE, STE 504 STREET ADDRESS CXTY-ST-Z7 BAY HARBOR ISLANDS, FL 33154 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS E177-S7-Z19 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS City-St-Zif NAME STREET ADDRESS

U00000507913 04/27/06-80082-810 158.75

DATE

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12. I hereby certify that the information supplied with this filling 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 attachmen with all other like empowered.

SIGNATURE:

City-St-Zir

IGNATURE AND TYPED OR PRINTED NAME OF SIGHING DEFICER OR DIRECTOR