2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000061759

1. Entity Name
CRICIA, INC.

Principal Place of Business	Mailing Address
777 S FEDERAL HWY #E-105 POMPANO BCH, FL 33062	777 S FEDERAL HWY #E-105 POMPANO BCH, FL 33062

2. Principal Place — Apt. #
City & State
Zip — Country

3. Mailing Address — Suite, Apt. # etc.
City & State
Zip

04152004 Chg-P CR2E034 (10/03)

4. FEI Number
04-3680189

Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

JOSEPH K. NOFIL, P.A.
3284 N STATE RD 7
LAUDERDALE LAKES, FL 33319

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City — **FL** — Zip Code

8. The above [illegible] 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 [illegible]

SIGNATURE [illegible] (NEW Registered Agent's Signature, if changing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND/OR DIRECTORS

TITLE	DPTS
NAME	GOMEZ EVI
STREET ADDRESS	777 S FEDERAL HWY #E-105
CITY-ST-ZIP	POMPANO BCH, FL 33062

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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T-03-04-00122-010 150.00

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12. [illegible] 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 requirement 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 above, if applicable.

SIGNATURE: [signature] TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #