2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: (

Apr 04, 2005 08:00 AM Secretary of State **DOCUMENT # P02000076877** 1. Entity Name PICHY ENTERPRISES, INC. Mailing Address Principal Place of Business 6612 NORTH PARKWAY DRIVE 6612 NORTH PARKWAY DRIVE MARGATE, FL 33068 MARGATE, FL 33068 04022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0789109 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CASTANO, CESAR DO NOT WRITE 6612 NORTH PARKWAY DRIVE MARGATE, FL 33068 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME CASTANO, CESAR 6612 NORTH PARKWAY DRIVE STREET ADDRESS U00000287039 MARGATE, FL 33068 CITY-ST-ZIP -04/04/05-80054-009 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITE F NAME STREET ADDRESS CITY -ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 cath; 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.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daydma Phone #