

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000087600 1. Entity Name BICA PROPERTIES CORP.	
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Principal Place of Business 2475 BRICKELL AVE. APT. 2402 MIAMI, FL 33129	Mailing Address 9401 COLLINS AVE. APT. 704 SURFSIDE, FL 33154
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04052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 68-0519345	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ESTIMA, CARLOS R 9401 COLLINS AVE. APT. 704 SURFSIDE, 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000886789 04/18/08-80072-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIS ESTIM, MARIA DE L 2475 BRICKELL AVE., APT. 2402 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTIMA, ALBERTO P 2475 BRICKELL AVE., APT. 2402 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESTIMA, CARLOS R 2475 BRICKELL AVE., APT. 2402 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.	
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/5/08 (305) 608 1576 Daytime Phone #