40 + 3909 + 5 + Daytime Phone #

2003	FOR	PROFIT	CORPORA	TION
ÚNÍFO	RM B	USINESS	REPORT	(UBR)

SIGNATURE: *

UNIFU	KW BUSINE	33 NEPUNI	(UBN)				æ	
DOCUMEN 1. Entity Name PILICIA, INC			FILED 03 OCT 21 PH 12: 40					
			COO WE	TEST .				
5051 BRIGHMAUR CR50		Mailing Address _5051-BRIGHMAUR CR:- ORLANDO,FL-32837	-5051-BRIGHMAUR-CR		SECRETARY FALLAHASSEE	OF STATE : FLORIDA		
2. Principal Place of B		3. Mailing Address 3016 Taxk	Way Bi	v d.	REMANA MANA		0.3	
Suite, Apt. #, etc.		Suite, Apty#, etc.			CHECK HERE IF M		to I am a second	
City & State KISSIMMCE		City & State		4.	FEI Number 48-12805	74 Ap	plied For t Applicable	
Zip 34747	Country 10 S A	Zip 34747	Country USA	II	Certificate of Status Desired	\$8.75 Add Fee Required	itional	
6. Na	me and Address of Current F	legistered Agent	Name _		Name and Address of New Regis	stered Agent		
- Danzer, Jacq ui	EUNE E				GERRETTI-			
-3038 MICHIGAN 7			Street Ac	dress (P.O. E	Box Number is Not Acceptable) みんじゅ Bivd			
-KISSIMMEE FL 34	1744		Su	ita.	# 211			
			City K					
8. The above named e	entity submite this statement f	the purpose of changing its re	<u> </u>		gent, or both, in the State of Florida			
the obligations of	gistered agent.	<i>(</i>)						
SIGNATURE Z	printed name of registered agent ar	nd title if applicable. (NOTE: F	Registered Agent signatur	e required when r	reinstating)	DATE		
	W!!! FEE IS \$550.00			* ,	9. Election Campaign Finance	ing \$5.0	0 May Be	
•	10, 2003 Fee will be \$750. e to Florida Department of	•			Trust Fund Contribution.		to Fees	
10.	OFFICERS AND I	DIRECTORS	11.	Αſ	DDITIONS/CHANGES TO OFFICE			
TITLE P NAME GERRI	etti, iris	☐ Delete	TITLE NAME		Addre	S.S. (%) Change	□ Addition	
STREET ADDRESS 5051-E	B righmaur- Cr.	,	STREET ADDRESS	3016	Parkway B	Ind, Sun	HE 311 480	
CITY-ST-ZIP ORLAN	1 DO FL 32837		CITY-ST-ZIP	Kiss	immie, FL		BZ	
TITLE NAME		☐ Delete	TITLE NAME		600023986 10/21/030114101	□ Change 3 956	☐ Addition ☐	
STREET ADDRESS			STREET ADDRESS		10/21/030114101	.9 **150. 00)	
CITY-ST-ZIP			CITY-ST-ZIP			, Chanca	Addition	
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TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			name Street address					
CITY-ST-ZIP			CITY-ST-ZIP			12.00		
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP	<u> </u>		CITY+ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
indicated on this re	eport or supplemental report is:	true and accurate and that my	r signature shali ha	ive the same	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath ida Statutes; and that my name ap	: that I am an officer i	or director	

October 15, 2003

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

REF: DOCUMENT P0200102511

Dear Sirs:

By this letter I would like to inform you that I did not know about this reports, apparently I did not get my first Uniform Business Report, and when I got this one I did not know what to do until I contacted an accountant. This is the reason it is late, I am asking you if you can wave the penalty.

Thank you for your help and if you have any question please do not hesitate to contact me at 3016 Parkway Blvd, Suite #211, Kissimmee, FL 34747 which is the company's new address.

Sincerely

President