


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90064 024 ***150.00

DOCUMENT # 1. Entity Name Pellicanes Incorporated	
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DO NOT WRITE IN THIS SPACE

44004510

2. Principal Place of Business 2047-49 N Miami Ave		3. Mailing Address 2047-49 N Miami Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33127	Country Miami-Dade	Zip 33127	Country Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2384048		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Johnny J Rosadoro	
	Street Address (P.O. Box Number is Not Acceptable) 2047-49 N Miami Ave	
	City Miami, FL	Zip Code 33127

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  Johnny J Rosadoro / President January 14, 2004
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Johnny J Rosadoro / President 2047-49 N Miami Ave Miami, FL 33127	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mario Rosadoro Pellicanes / DV 2047-49 N Miami Ave Miami, FL 33127	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Johnny J Rosadoro January 14, 2004 (305) 572-0606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)