

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90396 023 \*\*\*150.00

<b>DOCUMENT # P03000048358</b>					
<b>1. Entity Name</b> <b>BICE MANAGEMENT, INC.</b>					
<b>Principal Place of Business</b> 13701 N KENDALL DR STE 306 MIAMI, FL 33186			<b>Mailing Address</b> 13701 N KENDALL DR STE 306 MIAMI, FL 33186		
<b>2. Principal Place of Business</b> 2410 HOLLYWOOD BLVD			<b>3. Mailing Address</b> 2410 HOLLYWOOD BLVD		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State HOLLYWOOD, FL			City & State HOLLYWOOD, FL		
Zip 33020		Country		Zip 33020	
Country		<b>4. FEI Number</b> 20-0968205			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BRULURUT, KARY J 13701 N KENDALL DR STE 306 MIAMI, FL 33186			<b>7. Name and Address of New Registered Agent</b> Name <u>JULIE SAMPSON</u> Street Address (P.O. Box Number is Not Acceptable) 2410 HOLLYWOOD BLVD City <u>HOLLYWOOD</u> <u>FL</u> Zip Code <u>33020</u>		
<b>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.</b>  SIGNATURE <u>Julie S. Sampson</u> DATE <u>4/25/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOON, DAVID P 16417 SW 73RD LANE MIAMI, FL 33193	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM Raffaele Ruggeri 92 N.E. 90th Street EL Portal, FL 33138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRULURUT, KARY J 15960 SW 77TH STREET MIAMI, FL 33193	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCHR RUGGERI, ROBERTO 1501 COLLINS AVENUE, SUITE 400 MIAMI, FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>			Date <u>4/26/05</u> Daytime Phone # <u>954-927-3464</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					