

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063729

FILED
Jul 02, 2004
Secretary of State

Entity Name: FICO ENTERPRISES, INC.

Current Principal Place of Business:

6464 MARBLETREE LANE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

6464 MARBLETREE LANE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 16-1670822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FICARRA, MARK
6464 MARBLETREE LANE
LAKE WORTH, FL 33467

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FICARRA, MARK
Address: 6464 MARBLETREE LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: COHEN, RICHARD
Address: 6901 OKEECHOBEE BLVD STE 5E
City-St-Zip: WEST PALM BEACH, FL 33411

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FICARRA, MARK
Address: 6464 MARBLETREE LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: VP (X) Change () Addition
Name: COHEN, RICHARD
Address: 3585 AIKEN COURT
City-St-Zip: WELLINGTON, FL 33414

Title: SEC () Change (X) Addition
Name: COHEN, MELINDA SEC
Address: 3585 AIKEN COURT
City-St-Zip: WELLINGTON, FL 33414

Title: TRES () Change (X) Addition
Name: FICARRA, LORI TRES
Address: 6464 MARBLETREE LANE
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK FICARRA

PRES

07/02/2004

Electronic Signature of Signing Officer or Director

Date