

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2008 8:00 am
Secretary of State

07-29-2008 90009 023 ***150.00

DOCUMENT # P03000081943

1. Entity Name
SICON STRATEGIES CORP.



Principal Place of Business
2307 DOUGLAS RD
400
MIAMI, FL 33145 US

Mailing Address
2307 DOUGLAS RD
400
MIAMI, FL 33145 US



2. Principal Place of Business - No P.O. Box
3785 NW 82 AVE
Suite, Apt. #, etc.
302

3. Mailing Address
3785 NW 82 AVE
Suite, Apt. #, etc.
302

07242008 Chg-P CR2E034 (12/06)

City & State
DORAL FL
Zip
33166

Country
US

City & State
DORAL FL
Zip
33166

Country
US

4. FFI Number
20-0114263

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OVIES, IDA C
2307 DOUGLAS RD
400
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3785 NW 82 AVE
#302
City DORAL FL Zip Code 33166

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 *Sta C Oves*

Signature, typed or printed name, and date must be submitted separately (if applicable)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P/D AGUILAR, WALTER A NUNEZ 2847 BUENOS AIRES, BA 1429	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/08 305 477 5798
DATE DAYTIME PHONE #