2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: >

## May 03, 2005 8:00 am Secretary of State DOCUMENT # P04000016430 1. Entity Name 05-03-2005 90078 020 \*\*\*150.00 LICERIN CORPORATION Principal Place of Business Mailing Address 10007 NW 4TH ST PEMBROKE PINES FL 33024 10007 NW 4TH ST PEMBROKE PINES FL 33024 2. Principal Place of Business 3. Mailing Address, 5121 15121 Brighton L Suite, Apt. #, et Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For Buie AVIL Not Applicable Country **-**Equatry \$8.75 Additional 5. Certificate of Status Desired 33 Fee Required Browano 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent esar RUIZ, CESAR Street Address (P.O. Box Number is Not Acceptable) 10007 NW 4TH ST. 1 PEMBROKE PINES FL 33024 City 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 the obligations of registered agent. agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE TITLE ☐ Detete Addition Ruiz Ceson RUIZ, CESAR NAME NAME 15121 Brighton Lane 10007 NW 4TH ST STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33024 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Delete IIILE-Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-7IP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #