2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an

SIGNATURE:

Mar 01, 2006 8:00 am **Secretary of State** DOCUMENT # P05000097690 1. Entity Name 03-01-2006 90036 038 ***150.00 JOSE MANUEL PYCO, P.A. Principal Place of Business Mailing Address 1997 PISCES TERR 1997 PISCES TERR WESTON FL 33327 WESTON FL 33327 2. Principal Place of Business 3. Mailing Address 4323 E. White Water Auk 4323 E. White Water Ave. Suite. Apt. #, etc 1st MOORE CR2E034 (10/05) City & State Wes-fon Cily & State Weston 4. FEI Number Applied For 20-3139258 Not Applicable \$8.75 Additional -5.-Certificate of Status Desired -- --CI-SIA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PYCO, JOSE MACINTER CORPORATION Street Address (P.O. Box Number is Not Acceptable) 4323 Eact White Water 15802 NW 14 MANOR PEMBROKE PINES FL 33028 Zip Code 333332 City Neston 8. The above named the obligations of ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept entity submits this state gistered agen JOSE SIGNATURE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE President Change Addition ☐ Delete PYCO, JOSE M 4323 East White Water Ave. Weston, FL 33332 STREET ADDRESS 1997 PISCES TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33327 Vice President ☐ Change **Addition** TITLE ☐ Delete TITLE NAME NAME Rincon, Claudia M. 4323 East White Water Ave. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP FL 33332 TITLE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

JOSE MANUELPYCO

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED