

2008 FOR PROFIT CORPORATION ANNUAL REPORT

5/2/2008-90183-001-\$158.75-\$158.75

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000013644					
1. Entity Name THE PRICO GROUP INC.					
Principal Place of Business 20275 SW 132ND AVENUE MIAMI, FL 33177			Mailing Address PO BOX 700128 MIAMI, FL 33170		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FBI Number	
				☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEART, ANDREW 20275 SW 132ND AVENUE MIAMI, FL 33177			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____					
FEE MONITOR - FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	PEART, ANDREW	☐ Delete	TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS		20275 SW 132ND AVENUE		STREET ADDRESS	
CITY-STATE-ZIP		MIAMI, FL 33177		CITY-STATE-ZIP	
TITLE			☐ Delete	TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
TITLE			☐ Delete	TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
TITLE			☐ Delete	TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
TITLE			☐ Delete	TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
TITLE			☐ Delete	TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
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 manager or trustee empowered to submit 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 within address, with attached fee if employed.					
SIGNATURE: _____			04/30/2008		

PL # 786-444-1610
C786-444-1610