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FILED
Apr 14, 2008 8:00 am
Secretary of State

03-13-2008 90042 046 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P07000033793					
1. Entity Name DICO HOLDINGS AND INVESTMENTS INC.					
Principal Place of Business 19575 BISCAYNE BLVD #375 AVENTURA, FL 33180			Mailing Address 19575 BISCAYNE BLVD 375 AVENTURA, FL 33180		
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. Name and Address of Current Registered Agent SCHAMES, BRUCE S 9133 N W 1 STREET CORAL SPRINGS, FL 33071				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. 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.				7. Name and Address of New Registered Agent	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00			8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P.D	☐ Delete			
NAME	BITTON, MOSHE				
STREET ADDRESS	19575 BISCAYNE BLVD # 375				
CITY - ST - ZIP	AVENTURA, FL 33180				
TITLE	VTD	☐ Delete			
NAME	BITTON, JUDITH				
STREET ADDRESS	19575 BISCAYNE BLVD. # 375				
CITY - ST - ZIP	AVENTURA, FL 33180				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - 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 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.					
SIGNATURE: <u>Moshe Bitton</u> <u>3/10/08</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Daytime Phone #					

66006631



01232008 Chg-P CR2E034 (12/06)

 4. FEI Number 20-8623446 Applied For ☐ Not Applicable ☐

FL Zip Code