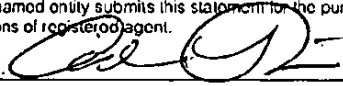
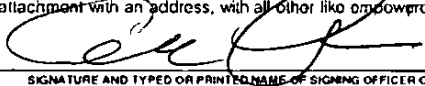


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 29, 2007 8:00 am
Secretary of State

05-04-2007 90072 047 ***150.00

DOCUMENT # P95000078322 1. Entity Name THE PILCHICK CORPORATION					
Principal Place of Business 19 W FLAGLER ST SUITE 805 MIAMI FL 33130			Mailing Address 19 W FLAGLER ST SUITE 805 MIAMI FL 33130		
2. Principal Place of Business - No P.O. Box # 19 W. Flagler Street Suite, Apt. #, etc. Suite 503 City & State Miami, FL Zip 33130		3. Mailing Address 19 W. Flagler Street Suite, Apt. #, etc. Suite 503 City & State Miami, FL Zip 33130		6601 1000  1st MOORE CR2E034 (10/06)	
4. FEI Number 65-0612207		☐ Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TRALINS, MYLES J ESQ. TRALINS AND ASSOCIATES 2 SOUTH BISCAYNE BLVD., SUITE 3310 MIAMI FL 33131			7. Name and Address of New Registered Agent Name Adele Pilchick Street Address (P.O. Box Number is Not Acceptable) 19 W. Flagler Street Suite 503 City Miami		
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.			State FL		
SIGNATURE 			DATE 4/23/07		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD PILCHICK, ADELE 19 W FLAGLER ST SUITE 805 MIAMI FL 33130	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Pilchick, Adele 19 W. Flagler St., Suite 503 Miami, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE 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 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			DATE 5/25/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			TELEPHONE 305-358-7156		