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	Mailing Address
19 W FLAGLER ST SUITE 805 MIAMI FL 33130	19 W FLAGLER ST SUITE 805 MIAMI FL 33130

66011000

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
19 W. Flagler Street		19 W. Flagler Street	
Suite, Apt. #, etc.: Suite 503		Suite, Apt. #, etc.: Suite 503	
City & State: Miami, Fl		City & State: Miami, Fl	
Zip: 33130	Country: USA	Zip: 33130	Country: USA

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 FL Zip Code: 33130

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] 4/23/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 5/25/07 305-358-7156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #