

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000087911

1. Entity Name
ICHE'S CORPORATION



Principal Place of Business
**1220 MARSEILLES DR.
MIAMI BEACH, FL 33141**

Mailing Address
**1095 N. SHORE DRIVE
MIAMI BEACH, FL 33141**

DO NOT WRITE IN THIS SPACE



03132005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0632555

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**POPLACK, ARIEL ESQ.
4700-B SHERIDAN ST
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000269439
03/19/05-80011-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PVST
BRILL, SARA
1220 MARSEILLES DR.
MIAMI BEACH, FL 33141**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
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1220 MARSEILLES DR.
MIAMI BEACH, FL 33141**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Sara Brill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-05
Date

305 244 0606
Daytime Phone #