

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000058558

1. Entity Name
PICO INVESTMENTS, INC.



Principal Place of Business
**1543 7TH STREET
SUITE 202
SANTA MONICA, CA 90401**

Mailing Address
**1543 7TH STREET
SUITE 202
SANTA MONICA, CA 90401**

DO NOT WRITE IN THIS SPACE



08052004 No Chg-P CR2E034 (10/03)

4. FEI Number **95-4591659** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KROCH, ERI
3138 COMMODORE PLAZA
SUITE 313
MIAMI, FL 33133**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **KROCH, ERI**
STREET ADDRESS **1543 7TH STREET SUITE 202**
CITY- ST- ZIP **SANTA MONICA, CA 90401**

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U00000170491
08/20/04-80003-003 150.00

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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 19.07(3)(f), 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 807, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERI S. KROCH

8/16/04

310 393 9000