

1. Entity Name  
**PICKY, INC.**



May  
Se

Principal Place of Business

267 MINORCA AVENUE SUITE 100  
CORAL GABLES, FL 33134

Mailing Address

267 MINORCA AVENUE SUITE 100  
CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**



05062008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1012092

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRUENINGER & PUJOL, P.A.  
267 MINORCA AVENUE SUITE 100  
CORAL GABLES, FL 33134

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8. The JOV 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 duties of, registered agent.

SIG: 00 175

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

**9. Election Campaign Financing Trust Fund Contribution.**

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

000000951041  
06/04/08-80015-023 550.00

## OFFICERS AND DIRECTORS

ID  
 NAME : GONZALEZ, DANIEL  
 STREET : 3610 YACHT CLUB DRIVE, #110  
 CITY : MIAMI, FL 33145

NAME: BERMUDEZ, NORMA  
STREET: 10 YACHT CLUB DRIVE, #110  
CITY: MIAMI, FL 33145

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IN THIS SPACE**

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 in 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; that I am the person who prepared or caused to be prepared this report or supplemental report; that I am the person who caused the report or supplemental report to be signed by 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 it is a supplemental report with an address, with all other like empowered.

35.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone: \_\_\_\_\_