


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90008 034 ***150.00

DOCUMENT # P97000073153 1. Entity Name CIC MANAGEMENT CORP.					
Principal Place of Business 601 BRICKELL KEY DR STE 201 MIAMI, FL 33131			Mailing Address 601 BRICKELL KEY DR STE 201 MIAMI, FL 33131		
2. Principal Place of Business 6538 COLLINS AVE		3. Mailing Address 6538 COLLINS AVE.			
Suite, Apt. #, etc. 203		Suite, Apt. #, etc. 203			
City & State MIAMI BEACH		City & State MIAMI BEACH		4. FEI Number 65-0778081	
Zip 33141		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUTIERREZ, RENALDY J 601 BRICKELL KEY DR SUITE 201 MIAMI, FL 33131-2651			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PS DOMINGUEZ, MARIO JOSE AVENIDA DE MAYO 881, PISO 3 (1084) BUENOS AIRES, AR <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DOMINGUEZ, MARIO JOSE 601 BRICKELL KEY DR- STE 201 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GUTIERREZ, RENALDY J. 601 BRICKELL KEY DR STE201 MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1-8-2004 Daytime Phone # 305-495-7675		