


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000086271		
1. Entity Name ICHO CORP.		
Principal Place of Business 7179 SW 8 STREET MIAMI, FL 33144	Mailing Address 7179 SW 8 STREET MIAMI, FL 33144	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FLORES, LUIS 14270 SW 29 ST MIAMI, FL 33175		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 <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLORES, LUIS 1616 SW 137 PLACE MIAMI, FL 33175	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SARDINA, NORMA C 1616 SW 137 PLACE MIAMI, FL 33175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLORES, NORMA C. 14270 SW 29 STREET MIAMI, FL 33175	
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12. 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 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: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0786178	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

110000319675
01/10/06-80031-009 150.00

1-4-06 **305-905-9900**
Date Daytime Phone #