


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000096159\***

1. Entity Name  
**GILDA PICON, INC.**



Principal Place of Business      Mailing Address

**15629 SW 73RD CIRCLE TERRACE #96**      **15629 SW 73RD CIRCLE TERRACE #96**  
**MIAMI, FL 33193**      **MIAMI, FL 33193**

**DO NOT WRITE IN THIS SPACE**



04132004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-0800080</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**PICON, GILDA**  
**15629 SW 73RD CIRCLE TERRACE #96**  
**MIAMI, FL 33193**

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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 re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>PICON, GILDA</b> <b>15629 SW 73RD CIRCLE TERRACE #96</b> <b>MIAMI, FL 33193</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: *Gilda Picon*      **GILDA PICON**      4/26/04      (305) 386-7832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #