


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90061 001 \*\*\*300.00

<b>DOCUMENT # P97000104629</b> 1. Entity Name <b>ALERICO MANAGEMENT GROUP, INC.</b>			
Principal Place of Business <b>5820 SW 97 ST MIAMI, FL 33156</b>		Mailing Address <b>5820 SW 97 ST MIAMI, FL 33156</b>	
2. Principal Place of Business <b>11015 SW 69 AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>11015 SW 69 AVE</b> Suite, Apt. #, etc.	
City & State <b>PINECREST, FL</b>		City & State <b>PINECREST, FL</b>	
Zip <b>33156</b>		Zip <b>33156</b>	
Country		Country	
4. FEI Number <b>65-0801049</b>		Applied For <input type="checkbox"/> 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  <b>BLANCO, MANUEL 5820 SW 97 ST MIAMI, FL 33156</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>11015 SW 69 AVE</b> City <b>PINECREST</b> <b>FL</b> Zip Code <b>33156</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BLANCO, MANUEL 5820 SW 97TH ST MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11015 SW 69 AVE PINECREST, FL 33156</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLANCO, BEATRIZ 5820 SW 97TH ST MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11015 SW 69 AVE PINECREST, FL 33156</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLANCO, ENIC <b>11015 SW 69 AVE Pinecrest, FL 33156</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: <b>MANUEL BLANCO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>2/5/04</b> Daytime Phone #: <b>305-740-3080</b>	