## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 251933** 

Entity Name: I.C.Y. INC.

City-St-Zip:

MIAMI BEACH, FL 33139 US

FILED Feb 12, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 825 ARTHUR GODFREY ROAD 777 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140 SUITE 320 MIAMI BEACH, FL 33140 **Current Mailing Address: New Mailing Address:** 825 ARTHUR GODFREY ROAD C/O CYPEN, 4800 N. BAY RD MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 US FEI Number: 59-0976824 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CYPEN, STEPHEN H CYPEN, STEPHEN H 825 ARTHUR GODFREY RD 777 ARTHUR GODFREY RD MIAMI BEACH, FL 33140 SUITE 320 MIAMI BEACH, FL 33140 US 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. SIGNATURE: 02/12/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CYPEN, WAYNE A Name: Name: 4800 N BAY RD Address: Address: City-St-Zip: MIAMI BEACH, FL 33140 US City-St-Zip: Title: VSD Title: () Delete () Change () Addition CYPEN, STEPHEN H Name: Name: 5500 COLLINS AVE Address: Address: MIAMI BEACH, FL 33140 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition CYPEN, HAZEL A Name: Name: 320 W. DI LIDO DR Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: WAYNE A. CYPEN PTD 02/12/2007