


2007 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000002269	
1. Entity Name INVESTMENT COUNSELLING CORP.	

Principal Place of Business 24 DE CASTRO STREET WICKHAMS CAY I ROAD TOWN, TORTOLA, BVI,	Mailing Address 551 FIFTH AVE., SUITE 417 C/O LOPEZ & ROMERO NEW YORK, NY 10176
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05312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2611194	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GARCIA, ALEX 1451 OCEAN DRIVE, SUITE 104 MIAMI BEACH, FL 33139
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROMERO, LUIS A 551 FIFTH AVE. SUITE 417 NEW YORK, NY 10176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LOPEZ, MARTA E 551 FIFTH AVE. SUITE 417 NEW YORK, NY 10176
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06/12/07-80004-026 550.00

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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:  **Luis Alfredo Romero** **5/31/2007 (212) 661-3691**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Director** Date Daytime Phone #