


2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M17440**  
 1. Entity Name  
**INDUSTRIAL COMPONENTS, INC.**



Principal Place of Business 2250 NW 102 AVE MIAMI, FL 33172 US	Mailing Address 2250 NW 102 AVE MIAMI, FL 33172 US
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**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2568022	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, ABELARDO  
 2250 NW 102 AVE  
 MIAMI, FL 33172

**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 \$150.00**  
 After May 1, 2006 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	DP GOMEZ, ABELARDO 8107 LOS PINOS CIRCLE CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOMEZ, ALBERT A 8107 LOS PINOS CIRCLE CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOMEZ, LUCILA 8107 LOS PINOS CIRCLE CORAL GABLES, FL 33143
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 01/12/06-80049-006 150.00

**DO NOT WRITE IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Abelardo Gomez** 1/9/06 (305) 477-038

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