

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 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



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2568022 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, ABELARDO
 2250 NW 102 AVE
 MIAMI, FL 33172

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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GOMEZ, ABELARDO
STREET ADDRESS	8107 LOS PINOS CIRCLE
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	VP
NAME	GOMEZ, ALBERT A
STREET ADDRESS	8107 LOS PINOS CIRCLE
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	VP
NAME	GOMEZ, LUCILA
STREET ADDRESS	8107 LOS PINOS CIRCLE
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/09/07-80016-010 150.00

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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, without other like empowered.

SIGNATURE: Abelardo Gomez 1/5/07 (305) 477-0387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #