


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90065 044 \*\*\*150.00

**DOCUMENT # M17847**

1. Entity Name  
**I.C.M. CLEARING CO., INC.**



Principal Place of Business: **2805 E. OAKLAND PARK BLVD. #216 FORT LAUDERDALE, FL 33306-1813 US**

Mailing Address: **2805 E. OAKLAND PARK BLVD. #216 FORT LAUDERDALE, FL 33306-1813 US**

**94067657**



2. Principal Place of Business: Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address: Suite, Apt. #, etc.  
 City & State  
 Zip Country

04232004 Chg-P CR2E034 (10/03)

4. FEI Number: **59-2551303**

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

Applied For:  Not Applicable

**6. Name and Address of Current Registered Agent**

**CARDIN, ISIDRO**  
**2805 E. OAKLAND PARK BLVD. #216**  
**FORT LAUDERDALE, FL 33306-1813**

**7. Name and Address of New Registered Agent**

Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARDIN, ISIDRO 2805 E. OAKLAND PARK BLVD., #216 FORT LAUDERDALE, FL 333061813 <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	SD CARDIN, MARY 2805 E. OAKLAND PARK BLVD., #216 FORT LAUDERDALE, FL 333061813 <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	T MARTIN, MAKIA L 2805 E. OAKLAND PARK BLVD., #216 FORT LAUDERDALE, FL 333061813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SPELLING ONLY</b>
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
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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: Mary L. Cardin **4-21-04** (954) 560-1199

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

MARY L. CARDIN