2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000009616

Title:

Name:

Address:

City-St-Zip:

(X) Delete

SILVA, EVELYN

3523 24TH PKWY

SARASOTA, FL 34235

Entity Name: INTERNATIONAL CONSOLIDATED COMPANIES INC.

FILED Feb 25, 2009 Secretary of State

Littly Nan	ie. IIVIERIVAT	IONAL CONSOLIDATED CON	FANIES, INC.				
Current Principal Place of Business:			New Pri	New Principal Place of Business:			
2100 19TH SARASOTA	STREET A, FL 34234			NNAKER DRIVE ITON, FL 34208			
Current Mailing Address:			New Mai	New Mailing Address:			
2100 19TH SARASOTA	STREET A, FL 34234			NNAKER DRIVE ITON, FL 34208			
FEI Number:	02-0555904	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Desir	ed ()	
Name and Address of Current Registered Agent:			Name an	Name and Address of New Registered Agent:			
UCCELLO, ANTONIO F 2100 19TH STREET SARASOTA, FL 34234 US				UCCELLO, ANTONIO F 4744 SPINNAKER DRIVE BRADENTON, FL 34208 US			
The above in the State		ıbmits this statement for the pur	pose of changing	j its registered o	ffice or registered agent	, or both,	
SIGNATURE:				02/25/2009			
	Electronic	Signature of Registered Agent	t		Date		
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CEOP ()[UCCELLO, ANTO 1350 MAIN ST # SARASOTA, FL	501	Title: Name: Address: City-St-Zip:	. ,	Change () Addition		
Title: Name: Address: City-St-Zip:	COOD () [SEIDNSTICKER, 100 CENTRAL AV SARASOTA, FL	/E	Title: Name: Address: City-St-Zip:	LEVINE, NEIL 4744 SPINNAK			

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANTONIO F UCCELLO III CEOP 02/25/2009

() Change () Addition