

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000004402**

1. Entity Name

INTERNATIONAL COMMERCE PARK CORP. II



Principal Place of Business

306 ALCAZAR AVE., #303  
CORAL GABLES, FL 33134

Mailing Address

306 ALCAZAR AVE., #303  
CORAL GABLES, FL 33134



01042006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0891869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIMAN, MAURICIO J  
306 AZCAZAR AVE. #303  
CORAL GABLES, FL 33134

**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

Signature, typed or printed name of registered agent and title if applicable

(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

000000450545  
03/10/06-80010-019 150.00

10. OFFICERS AND DIRECTORS

TITLE D/P  
NAME SIMAN, MAURICIO J  
STREET ADDRESS 306 ALCAZAR AVE., #303  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE DT  
NAME SIMAN, SARA L  
STREET ADDRESS 306 ALCAZAR #303  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE DV  
NAME FERNENDEZ, CARMEN S  
STREET ADDRESS 306 ALCAZAR AVE. #303  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/06