


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90093 015 ***158.75

DOCUMENT # S68346

1. Entity Name
ICA INSURANCE SERVICES, INC.



Principal Place of Business
**13876 S.W. 56TH ST.
PMB-109
MIAMI FL 33175**

Mailing Address
**13876 S.W. 56TH ST.
PMB-109
MIAMI FL 33175**



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

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

4. FEI Number **65-0277636**

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**MOREIRA, BERARDO
5524 S.W. 154TH PLACE
MIAMI FL 33185**

7. Name and Address of New Registered Agent

Name
ALICIA L. MOREIRA

Street Address (P.O. Box Number is Not Acceptable)
5524 S.W. 154th Place

City **MIAMI** State **FL** Zip Code **33185**

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 *Alicia L. Moreira* *ALICIA L. MOREIRA* **3/13/03**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PST	<input checked="" type="checkbox"/> Delete
NAME MOREIRA, BERARDO	
STREET ADDRESS 5524 S.W. 154TH PLACE	
CITY-ST-ZIP MIAMI FL	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME MOREIRA, BERARDO	
STREET ADDRESS 5524 S.W. 154TH PLACE	
CITY-ST-ZIP MIAMI FL	
TITLE VP	<input type="checkbox"/> Delete
NAME MOREIRA, ALICIA	
STREET ADDRESS 5524 SW 154 PL	
CITY-ST-ZIP MIAMI FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOREIRA, JESSICA	
STREET ADDRESS 5524 S.W. 154th Place, Miami, FL33185	
CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOREIRA, JESSICA	
STREET ADDRESS 5524 S.W. 154th Place, Miami, FL33185	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Jessica Moreira* **JESSICA MOREIRA 3/13/03 653-039**

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

CR2E934 (10/02)