

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P10000067307

**Entity Name:** I CONTRACTOR INC

**Current Principal Place of Business:**

93 E MARIANA AVE  
NORTH FORT MYERS, FL 33917

**Current Mailing Address:**

93 E MARIANA AVE  
NORTH FORT MYERS, FL 33917

**FEI Number:** 01-0968391

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DECASTRO, FABIO  
93 E MARIANA AVE  
NORTH FORT MYERS, FL 33917 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DECASTRO, FABIO  
Address        93 E MARIANA  
City-State-Zip: NORTH FORT MYERS FL 33917

Title            DIRECTOR  
Name            GARCIA, REINALDO  
Address        93 E MARIANA AVE  
City-State-Zip: NORTH FORT MYERS FL 33917

*I hereby 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 all other like empowered.*

**SIGNATURE:** FABIO DECASTRO

**PRESIDENT**

**04/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date