


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 249914</b> 1. Entity Name <b>INDUSTRIAL CONSULTANTS AND MANAGEMENT COMPANY</b>	
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Principal Place of Business <b>P.O. BOX 558856 MIAMI, FL 33255-5856</b>	Mailing Address <b>P.O. BOX 558856 MIAMI, FL 33255-5856</b>
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**DO NOT WRITE IN THIS SPACE**



03102008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0939342</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**GOMEZ, RAMON  
782 LE JEUNE ROAD  
SUITE 447  
MIAMI, FL 33126**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000860158 04/02/08-80052-001 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSVP ARCA, CAMILO A. 7310 SW 104TH ST. MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ARCA, FERNANDO A 1422 SW 2ND PL CAPE CORAL, FL 33991</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPA ARCA, MANUEL E 6355 48TH STREET MIAMI, FL 33155</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP ARCA, MANUEL P 6355 SW 48TH ST. MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ARCA, KRISTOFER C 7310 SW 104TH ST MIAMI, FL 33156</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** **Manuel P. Arca, President**  **03/10/2008**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #