2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 272724

1. Entity Name
INDUSTRIAL CONSULTANTS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
P.O. BOX 558856 MIAMI, FL 33255	P.O. BOX 558856 MIAMI, FL 33255

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01232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1114806
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOMEZ, RAMON
782 NW 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ARCA, MANUEL P
STREET ADDRESS	6355 SW 48TH ST
CITY-ST-ZIP	MIAMI, FL
TITLE	VT
NAME	ARCA, CAMILO A.
STREET ADDRESS	7310 SW 104TH.ST
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	ARCA, MANUEL E.
STREET ADDRESS	9220 S.W. 94TH PLACE
CITY-ST-ZIP	MIAMI, FL
TITLE	AS
NAME	ARCA, FERNANDO A.
STREET ADDRESS	6098 SW 34 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/12/04-80036-003 150.00

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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: MANUEL P. ARCA PRESIDENT 3/5/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #