


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 272724 1. Entity Name INDUSTRIAL CONSULTANTS INTERNATIONAL, INC.	
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Principal Place of Business P.O. BOX 558856 MIAMI, FL 33255	Mailing Address P.O. BOX 558856 MIAMI, FL 33255
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DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1114806	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

**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 _____ 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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000590532 01/18/07-80063-001 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARCA, MANUEL P 6355 SW 48TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ARCA, CAMILO A. 7310 SW 104TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARCA, MANUEL E. 6355 SW 48 ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ARCA, FERNANDO A. 1422 SW 2ND PL CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: MANUEL P. ARCA 1/11/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #