

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 272724

1. Entity Name
INDUSTRIAL CONSULTANTS INTERNATIONAL, INC.



Principal Place of Business

**P.O. BOX 558856
MIAMI, FL 33255**

Mailing Address

**P.O. BOX 558856
MIAMI, FL 33255**

DO NOT WRITE IN THIS SPACE



01292008 No Chg-P CR2E034 (11/05)

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**

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000860203

04/02/08-80052-002 150.00

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	6355 SW 48 ST
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	AS
NAME	ARCA, FERNANDO A.
STREET ADDRESS	1422 SW 2ND PL
CITY - ST - ZIP	CAPE CORAL, FL 33991
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/2008

Date

Daytime Phone #