

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005 8:00 am
Secretary of State

01-06-2005 90003 006 ***155.00

DOCUMENT # F01000002269

1. Entity Name
INVESTMENT COUNSELLING CORP. S.A.



Principal Place of Business
**DAFFREY SQUARE SUITE 205, BANK LANE
P.O. BOX N-8188
CP 1809, NASSAU, BAHAMAS,**

Mailing Address
**551 FIFTH AVE., SUITE 417
C/O LOPEZ & ROMERO
NEW YORK, NY 10176**

50000283



2. Principal Place of Business
24 De Castro Street

3. Mailing Address

Suite, Apt. #, etc.
Wickhams Cay I

Suite, Apt. #, etc.

City & State
Road Town, Tortola

City & State

Zip
BVI

Zip

Country

01032005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2611194

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARCIA, ALEX
TWO SOUTH BISCAYNE BLVD.
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**CP
LOPEZ, EDUARDO F
551 FIFTH AVE. SUITE 417
NEW YORK, NY 10176** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DST
ROMERO, LUIS A
551 FIFTH AVE. SUITE 417
NEW YORK, NY 10176** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DP
ROMERO, Luis A.
551 Fifth Avenue, suite 417
New York, NY 10176** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DST
LOPEZ, Marta E.
551 Fifth Avenue, suite 417
New York, NY 10176** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis A. Romero, Director/Pres.

1/3/2005 (212) 661-3691

Date Daytime Phone #