

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006200

Entity Name: ICABS.COM, INC.

FILED
Apr 22, 2004
Secretary of State

Current Principal Place of Business:

3325 SOUTH UNIVERSITY DRIVE
SUITE 108
DAVIE, FL 33328

New Principal Place of Business:

6500 NW 15TH AVE.
SUITE 300
FORT LAUDERDALE, FL 33309

Current Mailing Address:

3325 SOUTH UNIVERSITY DRIVE
SUITE 108
DAVIE, FL 33328

New Mailing Address:

6500 NW 15TH AVE.
SUITE 300
FORT LAUDERDALE, FL 33309

FEI Number: 13-4117433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAURICE, CHARLES
3325 SOUTH UNIVERSITY DRIVE
SUITE 108
DAVIE, FL 33328

Name and Address of New Registered Agent:

ROLAND, BRETON
6500 NW 15TH AVE.
SUITE 300
FORT LAUDERDALE, FL 33309

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.

SIGNATURE: ROLAND BRETON

04/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MENORA, S.
Address: P.O. BOX 11028
City-St-Zip: HAR TUV, BEIT SHEMESH 99100,

Title: D () Delete
Name: SIERRA, JUAN
Address: 6341 CONROY ROAD
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: POPKIN, RODGER
Address: 3595 SHERIDAN ST. SUITE 107
City-St-Zip: HOLLYWOOD, FL 33021

Title: D (X) Delete
Name: MELINE, SAM
Address: 89 JUNIPER ROAD
City-St-Zip: HOLLYWOOD, FL 33021

Title: PS (X) Delete
Name: MAURICE, CHARLES
Address: 3325 SOUTH UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLIAM, OVERHULSER
Address: 3000 RIO MAR, #608
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PS (X) Change () Addition
Name: MAURICE, CHARLES
Address: 3325 SOUTH UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33328

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES MAURICE

P

04/22/2004

Electronic Signature of Signing Officer or Director

Date