

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002528

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: IC HOLDINGS, INC.

## Current Principal Place of Business:

C/O EDDIE TRUMP  
4000 ISLAND BLVD.  
NORTH MIAMI BEACH, FL 33160

## New Principal Place of Business:

## Current Mailing Address:

C/O EDDIE TRUMP  
4000 ISLAND BLVD.  
NORTH MIAMI BEACH, FL 33160

## New Mailing Address:

FEI Number: 65-0576369      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MATUS, ALAN  
4000 ISLAND BLVD., #PH2  
AVENTURA, FL 33160 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPAS ( ) Delete  
Name: AMRANI, AVELET  
Address: 4000 ISLAND BLVD.  
City-St-Zip: AVENTURA, FL 33160

Title: DEVT ( ) Delete  
Name: LIEB, JAMES M  
Address: 4000 ISLAND BLVD.  
City-St-Zip: NORTH MIAMI BEACH, FL

Title: C ( ) Delete  
Name: TRUMP, JULIUS  
Address: 4000 ISLAND BLVD.  
City-St-Zip: NORTH MIAMI BEACH, FL

Title: DEVP ( ) Delete  
Name: MATUS, ALAN  
Address: 4000 ISLAND BLVD., #PH2  
City-St-Zip: AVENTURA, FL 33160

Title: EVPS ( ) Delete  
Name: HIRSCH, MARK S  
Address: 405 LEXINGTON AVE  
City-St-Zip: NEW YORK, NY 10174

Title: AVP ( ) Delete  
Name: TORPEY, CARITE L  
Address: 4000 ISLAND BLVD  
City-St-Zip: MIAMI, FL 33160

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPAS (X) Change ( ) Addition  
Name: CIACCHI, BETTY  
Address: 4000 ISLAND BLVD.  
City-St-Zip: AVENTURA, FL 33160

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

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

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

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: ALAN MATUS

DEVP

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date