


2008 FOR PROFIT CORPORATION REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 20 PM 1:19

DOCUMENT # H27920					
1. Entity Name INTERNATIONAL CONTRACTING ASSOCIATES, INC.					
Principal Place of Business 1511 E. COMMERCIAL BLVD., #71 OAKLAND PARK, FL 33334 US			Mailing Address 1511 E. COMMERCIAL BLVD., #71 OAKLAND PARK, FL 33334 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0883189	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name pearson, John			Name John Pearson		
Street Address 1511 E Commercial Blvd, #71			Street Address (P.O. Box Number is Not Acceptable) 1511 E Commercial Blvd, #71		
City Oakland Park, FL 33334			City Oakland Park FL 33334		
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 <i>John Pearson - President</i>			DATE 6/19/08		
FILE NOW!!! FEE IS \$300.00 <i>(\$150.00 credit on file)</i>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEARSON, JOHN		NAME	000131631180	
STREET ADDRESS	1511 E. COMMERCIAL BLVD., #71		STREET ADDRESS	06/24/08--01038--001 **158.75	
CITY - ST - ZIP	OAKLAND PARK, FL 33334		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARLTON, WILLIAM		NAME		
STREET ADDRESS	1511 E. COMMERCIAL BLVD., #71		STREET ADDRESS		
CITY - ST - ZIP	OAKLAND PARK, FL 33334		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>John Pearson - President</i>			DATE: 6/19/08 (954)562-0053		



REINSTATEMENT
w/o/p 07-08 4600