

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000022155

**FILED**  
**Jan 21, 2005**  
**Secretary of State**

**Entity Name:** INTERNATIONAL CONSULTANTS & ASSOCIATES LLC

**Current Principal Place of Business:**

COURVOISIER COURTS  
701 BRICKELL KEY DRIVE, SUITE 204  
MIAMI, FL 33131

**New Principal Place of Business:**

11 INDIAN CREEK VILLAGE DRIVE  
NORTH MIAMI, FL 33154

**Current Mailing Address:**

COURVOISIER COURTS  
701 BRICKELL KEY DRIVE, SUITE 204  
MIAMI, FL 33131

**New Mailing Address:**

P.O. BOX 28537 CCS 2020  
MIAMI, FL 33102

**FEI Number:** 90-0000832

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

A1A REGISTERED AGENT INC.  
92 SADBERRY ROAD  
QUINCY, FL 32351 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

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: URIBE, ALBERTO  
Address: 701 BRICKELL KEY DRIVE, SUITE 1903  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: URIBE, ALBERTO  
Address: 11 INDIAN CREEK VILLAGR DRIVE  
City-St-Zip: MIAMI, FL 33154

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALBERTO URIBE

MGR

01/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date