2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State
04-05-2007 90023 039 ****50.00

DOCUMENT # L04000064971

1. Entity Name
INTERNATIONAL CONSULTING OF MIAMI, LLC

Principal Place of Business	Mailing Address
2655 LE JEUNE ROAD, SUITE 326 CORAL GABLES, FL 33134	10863 NW 53 LN DORAL, FL 33178

03262007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10863 NW 53 LN	
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Doral Fl	City & State
Zip: 33178 Country: USA	Zip Country

4. FEI Number ~~APPLIED FOR~~ 20-1596708 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JACQUELINE F
2655 LE JEUNE ROAD, SUITE 326
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: Lincoln De Leon
Street Address (P.O. Box Number is Not Acceptable): 10863 NW 53 LN
City: Doral Fl FL Zip Code: 33178

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: Lincoln De Leon 3/27/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	DE LEON, LINCOLN	
STREET ADDRESS	2655 LE JEUNE ROAD, SUITE 326	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☑ Change ☐ Addition
NAME		
STREET ADDRESS	10863 NW 53 LN	
CITY-ST-ZIP	Doral Fl 33178	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my 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: Lincoln De Leon. 3/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #