

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90572 044 ***150.00

DOCUMENT # M30420
1. Entity Name
ICE CREAMS INTERNATIONALE, INC.



Principal Place of Business
401 BISCAYNE BLVD
D-201
MIAMI, FL 33132 US

Mailing Address
~~401 BISCAYNE BLVD~~
~~444 BRICKELL AVE #300~~
MIAMI, FL 33132 US

20036657



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 996697
Suite, Apt. #, etc.

03302005 Chg-P CR2E034 (10/03)

City & State
MIAMI, FL

Zip
33199

Country
USA

4. FEI Number
59-2771664

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MERKIN, STEWART A.
444 BRICKELL AVENUE
STE 300
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVERS, BRENDA J. 3627 DOUGLAS RD COCONUT GROVE, FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Brenda J. Rivers, Pres.* 4/6/05 (305) 869-3062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #