

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N40226.

1. Entity Name
**ASSOCIATION OF INDEPENDENT COMMERCIAL
PRODUCERS, INC.**



Principal Place of Business

**1655 DREXEL AVENUE
203**

MIAMI BEACH, FL 33139 US

Mailing Address

**1655 DREXEL AVENUE
203**

MIAMI BEACH, FL 33139 US

DO NOT WRITE IN THIS SPACE



05042004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0287664

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARTINOTTI, MASSIMO
1655 DREXEL AVENUE
203
MIAMI BEACH, FL 33139**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000158170

05/07/04-80010-021 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARTINOTTI, MASSIMO 1655 DREXEL AVENUE #203 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FITZGIBBON, MO 1019 KANE CONCOURSE #201 BAY HARBOR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROUSE, KEITH 25 NW 104 STREET MIAMI SHORES, FL 33150
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NEWLAND, GLENN 1998 NE 150 STREET NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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:

Keith W. Rouse, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04
Date

305.538.2622
Daytime Phone #