2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000061745

TRAVANO, FLAVIO J

MIAMI, FL 33126

8320 NW 8TH STREET , APT. 408

Name:

Address:

City-St-Zip:

FILED Mar 20, 2009 Secretary of State

Entity Na	me: INTERNA	ATIONAL CONSTRUCTION PA	ARTS, INC.		
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
6918 N.W MIAMI, FL	. 51ST STREE 33166	Т			
Current Mailing Address:			New Mailing Address:		
6918 N.W MIAMI, FL	. 51ST STREE 33166	Т			
FEI Number	: 65-1021484	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
CALVO, DORYS 2289 W. 69TH STREET, NO.1 HIALEAH, FL 33016 US			1	2289 W. 69TH STREET	
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: DORYS CALVO				03/20/2009	
	Electror	nic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () TRAVANO, LUI 7820 GRANAD, MIRAMAR, FL	A BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () CALVO, DORY 2289 W. 69TH HIALEAH, FL 3	ST., NO. 1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () VAN HEMERT, 9720 SW 217T MIAMI, FL 331	H STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()) Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DORYS CALVO DIR 03/20/2009