

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000005728

FILED
Jan 07, 2007
Secretary of State

Entity Name: ICON FINANCIAL SERVICES, INC.

Current Principal Place of Business:

2500-1 STATE ROAD 7
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

1702 SW LEXINGTON DR
PORT ST LUCIE, FL 34953

New Mailing Address:

P.O. BOX 881614
PORT ST LUCIE, FL 349881614

FEI Number: 65-1070086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALKA, DORON
2500-1 STATE ROAD 7
HOLLYWOOD, FL 33021 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MALKA, DORON
Address: 2500-1 STATE ROAD 7
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP () Delete
Name: MALKA, MIRIAM
Address: 1702 SW LEXINGTON DR
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MALKA, DORON
Address: 1702 SW LEXINGTON DR
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: DORON MALKA

P

01/07/2007

Electronic Signature of Signing Officer or Director

_____ Date