FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91842 012 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000036253

1. Entity Name
ICOMP, INC.

90129639

Principal Place of Business	Mailing Address
2000 SOUTH DIXIE HIGHWAY SUITE 100-M MIAMI, FL 33133	2000 SOUTH DIXIE HIGHWAY SUITE 100-M MIAMI, FL 33133

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2874 NW 72 AVE	1140 W 60 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc. 207A
City & State MIAMI - FL	City & State HIALEAH FL
Zip 33122 Country USA	Zip 33012 Country USA

4. FEI Number 65-1097787 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUYSMAN, MICHEL
2000 SOUTH DIXIE HIGHWAY
SUITE 100-M
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name JAIME H. BECERRA
Street Address (P.O. Box Number Is Not Acceptable) 2874 NW 72 AVE
City MIAMI FL Zip Code 33122

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 JAIME BECERRA MAY 1ST, 2003 (305)594-0806
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	D FERNANDEZ, JAIME H 2000 SOUTH DIXIE HIGHWAY SUITE 100-M MIAMI, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / OWNER JAIME BECERRA 2874 NW 72 AVE MIAMI FL 33122	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: JAIME BECERRA MAY 1ST, 2003 (305)594-0806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #