## 2007 FOR PROFIT CORPORATION

## **FILED**

_	ANNUAL	Apr 23, 2007 08:00 A Secretary of State						
DOCUMENT # P01000057239				Secretary of State				
1. Entity Nam I & C INV	ESTMENT GROUP, INC.							
	e of Business	Mailing Address						
		P.O. BOX 126397 HIALEAH, FL 33012-1600						
	<del></del>							
			. •	03192007	No Chg-P	CR2E034 (1	1/05)	
. [	O NOT WRITE	IN THIS SPA	ACE	4. FEI Number	<u> </u>		Applied For	
·	•			65-22271 5. Certificate of			Not Applicable  75 Additional	
	6. Name and Address of Current Re	valetared Apont	· ·	a. Corimodio or		Feef	Required	
·····	o. Name and Address of Current Re	gistored Agent				•	٠.,	
PEREZ, JO				DO N	IOT WI	RITE		
329 EAST 9TH STREET SUITE 201					HIS SP		ļ	
HIALEAH, FL 33010				114 11	TIO OF	HUE	,	
							٠.	
	a named entity submits this statement for titlons of registered agent.	he purpose of changing its regis	stered office or registe	ered agent, or both.	in the State of Flor	da. I am famili	ar with, and accept	
_								
SIGNATURE.	Signature, typed or printed name of registered agent and	stitle if applicable. (NOTE: Regis	stered Agent signature requir	d when reinstating)		DATE		
	.E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Fi Trust Fund Contribution		5.00 May Be ded to Fees	· · · · · · · · · · · · · · · · · · ·			
10.	OFFICERS AND D	RECTORS	- ,	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	'			
TITLE	PD CONZALEZ ISIDBO		•			, . , .		
NAME STREET ADDRESS	GONZALEZ, ISIDRO 6650 NW 37 AVE		•		u		· y, ·	
CITY-ST-ZIP	MIAMI, FL 33147		•	•	•	•		
TITLE	STD						,	
NAME STREET ADDRESS	GONZALEZ, MARIA					•		
STREET ADDRESS CITY-ST-ZIP	6650 NW 37 AVE   MIAMI, FL 33147		•			,	•	
TITLE						٠		
NAME	1			,				
STREET ADDRESS CITY-ST-ZIP				- DO 1	NOT W	RITE		
TITLE				INLT	HIS SP	ACE.		
NAME			,	114 1	113 SP	ACE		
STREET ADDRESS CITY-ST-ZIP					• • •		` .	
TITLE			<del></del>		•			
NAME .			,	• •	፤ ነነገነነገር	יייאליי אינייקרומור <i>י</i>	ue.	
STREET ADDRESS						0072175! 7-80004	-018 150.00	
CITY-SI-ZIP	į.			,	بيا الاستؤلية الاستانية	T CONTRACTOR OF T	THE WASHINGTON	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the repeiver 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: .

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

4-17-07

305 693-7054 Daytima Phone #