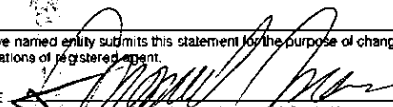
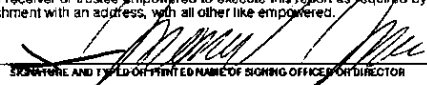


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90716 044 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000064880		
1. Entity Name ICEMA ENTERPRISES, INC.		
Principal Place of Business 10746 ROYAL PALM BEACH CORAL SPRINGS, FL 33065		Mailing Address 10746 ROYAL PALM BEACH CORAL SPRINGS, FL 33065
2. Principal Place of Business 10746 Royal Palm Beach		3. Mailing Address 10746 Royal Palm Beach
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Coral Springs FL		City & State
Zip 33065		Country
4. FEI Number 65-1120183		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$3.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MORAN, MANUEL 10746 ROYAL PALM BEACH CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
B. 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  DATE		
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 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	P MORAN, MANUEL 10746 ROYAL PALM BEACH CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
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:  DATE		

11039641



☐ CHECK HERE IF MAKING CHANGES

CH2E034 (10/02)