

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000066440

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** INTERNATIONAL COMMERCIAL ACCOUNTS COLLECTION SYSTEMS, INC.

**Current Principal Place of Business:**

7300 W MCNAB RD  
STE 117  
FORT LAUDERDALE, FL 33321

**New Principal Place of Business:**

8691 W MCNAB RD  
FORT LAUDERDALE, FL 33321

**Current Mailing Address:**

7300 W MCNAB RD  
STE 117  
FORT LAUDERDALE, FL 33321

**New Mailing Address:**

8691 W MCNAB RD  
FORT LAUDERDALE, FL 33321

**FEI Number:** 65-1135938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DANIELS, LISA L ESQ  
4300 NORTH UNIVERSITY DRIVE STE B-200  
FT LAUDERDALE, FL 33351 US

**Name and Address of New Registered Agent:**

PIETTE, MICHELLE  
8691 W MCNAB RD  
FT LAUDERDALE, FL 33321 US

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: MICHELLE PIETTE

04/21/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: ST DENIS, MICHELLE  
Address: 7300 W MCNAB ROAD STE #117  
City-St-Zip: TAMARAC, FL 33321

Title: DVS ( ) Delete  
Name: LONGLOIS, NORMAN  
Address: 7300 W MCNAB ROAD STE #117  
City-St-Zip: TAMARAC, FL 33321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition  
Name: ST DENIS, MICHELLE  
Address: 8691W MCNAB ROAD  
City-St-Zip: TAMARAC, FL 33321

Title: DVS (X) Change ( ) Addition  
Name: LONGLOIS, NORMAN  
Address: 8691 W MCNAB ROAD  
City-St-Zip: TAMARAC, FL 33321

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.

SIGNATURE: MICHELLE PIETTE

MRS

04/21/2009

Electronic Signature of Signing Officer or Director

Date