
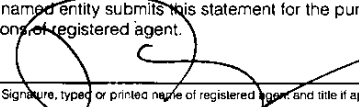
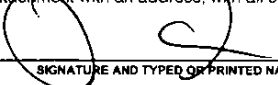


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90020 023 ***150.00

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|--|---|--|---|---|--|
| DOCUMENT # P01000074675 1. Entity Name I C S INDEPENDENT INC. | | | |  | |
| Principal Place of Business 15622 SW 59 ST. MIAMI, FL 33193 | | | Mailing Address 15622 SW 59 ST. MIAMI, FL 33193 | | |
| 2. Principal Place of Business - No P.O. Box # 13810 SW 34 ST | | 3. Mailing Address 13810 SW 34 ST | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Miami FL | | City & State Miami, FL | | 4. FEI Number 20-1017007 | |
| Zip 33175 | | Country Miami-Dade | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GONZALEZ, TANIA E 15622 SW 59 ST. MIAMI, FL 33193 | | 7. Name and Address of New Registered Agent Name Gonzalez, Tania E. Street Address (P.O. Box Number is Not Acceptable) 13810 SW 34 ST. City Miami FL Zip Code 33175 | | | |
| 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  president 01/15/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 GONZALEZ, TANIA E 15622 SW 59 ST MIAMI, FL 33193 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Gonzalez, Tania E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13810 SW 34 ST. Miami FL 33175 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MACHADO, ALEAN 15622 SW 59 ST MIAMI, FL 33193 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Machado, Alean <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13810 SW 34 ST. Miami, FL 33175 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 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:  president 01/15/08 (786) 399 7220 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |