
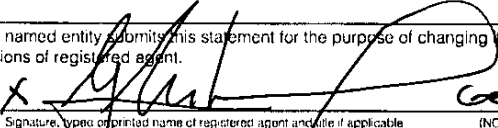
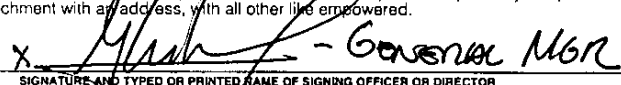


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90141 046 ***150.00

DOCUMENT # P01000076033 1. Entity Name I C B PORCELAIN INSULATORS, INC.					
Principal Place of Business 5001 S.W. 74TH CT SUITE 204 MIAMI, FL 33155			Mailing Address 5001 S.W. 74TH CT SUITE 204 MIAMI, FL 33155		
2. Principal Place of Business 4825 SW 75 AVE.			3. Mailing Address 4825 SW 75 AVE.		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State MIAMI, FLORIDA			City & State MIAMI, FLORIDA		
Zip 33155		Country DADE		4. FEI Number 94-3404123	
Zip 33155		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent E & V GREAT PROFESSIONAL, INC. 5545 S.W. 8 ST. SUITE 107 MIAMI, FL 33134				7. Name and Address of New Registered Agent Name WESTRING GEORGE Street Address (P.O. Box Number is Not Acceptable) 4825 SW 75 AVE City MIAMI FL Zip Code 33155	
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  GEORGE WESTRING 4/28/05 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD STOLTZMAN, GERARDO J 5001 S.W. 74TH CT SUITE 204 MIAMI, FL 33155	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOLTZMAN, GERARDO J. 4825 SW 75 AVE. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTRING, GEORGE 5001 S.W. 74TH CT SUITE 204 MIAMI, FL 33155	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTRING, GEORGE 4825 SW 75 AVE. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> 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 19.07(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:  Gerardo J. Stoltzman 4/28/05 305 649 5533 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

20057255



04272005 Chg-P CR2E034 (10/03)