2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000090028

1. Entity Name
3ICOMP, INC.

Principal Place of Business	Mailing Address
3909 NE 163RD ST. SUITE 304 NORTH MIAMI BEACH, FL 33160	3909 NE 163RD ST. SUITE 304 NORTH MIAMI BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

04032006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1140227

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRIMSLEY, CHARLES J ESQ.
3909 N.E. 163RD ST., STE. 304
NO. MIAMI BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

000000512639^M
04/23/06-80037-015 150.00^M

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PARRILLO, RICHARD P JR
STREET ADDRESS	3909 NE 163RD ST.
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	DV
NAME	TARSITANO, GEORGE
STREET ADDRESS	3909 NE 163RD ST.
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	DV
NAME	LEON, DENNIS
STREET ADDRESS	3909 NE 163RD ST.
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	DS
NAME	GRIMSLEY, CHARLES J
STREET ADDRESS	3909 NE 163RD ST.
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	DT
NAME	FERRER, JUAN
STREET ADDRESS	3909 NE 163RD ST.
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Charles J. Grimsley CHARLES J. GRIMSLEY 4/13/06 (305)947-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #