

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90116 008 ***150.00

DOCUMENT # P02000011002

1. Entity Name
ICM COMMERCIAL PROPERTIES, INC.



Principal Place of Business
3001 W. MCNAB ROAD
POMPANO BEACH, FL 33069

Mailing Address
3001 W. MCNAB ROAD
POMPANO BEACH, FL 33069

50026343



03112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
90-0005588

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAGHMIZIAN, JOHN
1200 HIBISCUS AVE APT 604
POMPANO BEACH, FL 33062

Name **CHANGE OF ADDRESS ONLY**

Street Address (P.O. Box Number is Not Acceptable)
4440 NE 25TH AVE

City **LIGHTHOUSE POINT**

FL

Zip Code **33064**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/2005

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 **P** ☐ Delete
NAME **PAGOTTO, EDSON**
STREET ADDRESS **7217 N.W. 64TH TERRACE**
CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **WALDEMIR, C. NEVES**
STREET ADDRESS **3001 W MCNAB RD**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **351 CLUB CIR. APT 110**
CITY-ST-ZIP **DOCA RATON, FL 33487**

TITLE **SEC** ☐ Delete
NAME **DAGHMIZIAN, JOHN**
STREET ADDRESS **1200 HIBISCUS AVE APT 604**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4440 NE 25TH AVE**
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/2005 954 978 2121

Date

Daytime Phone #