2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000016452

Entity Name: ICA FURNITURE INC

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5835 NW GERALD CIRCLE PORT SAINT LUCIE, FL 34986				1299 SW 159 TERRACE PEMBROKE PINES, FL 33027			
Current Mailing Address:				New Mailing Address:			
5835 NW GERALD CIRCLE PORT SAINT LUCIE, FL 34986				1299 SW 159 TERRACE PEMBROKE PINES, FL 33027			
FEI Number: 75-3004124 FEI Number Applied For () FEI Nu			FEI Num	nber Not Applicable () Certif		Certifica	ate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BENNICI, RAY 5835 NW GERALD CIRCLE PORT SAINT LUCIE, FL 34986 US				BENNICI, RAY 1299 SW 159 TERRACE PEMBROKE PINES, FL 33027 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:				04/09/2009			
Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name: Address:	BENNICI, RAY 5835 NW GERAI PORT SAINT LU	CIE, FL 34986 Delete ARA		Title: Name: Address: City-St-Zip: Title: Name: Address:	BENNICI, RAY S 1299 SW 159 TE PEMBROKE PIN	SR. ERRACE IES, FL Change ARA	33027 ()Addition
City-St-Zip:	PORT SAINT LU	CIE, FL 34986		City-St-Zip:	PEMBROKE PIN	IES, FL	33027
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	VP () BENNICI, RAY 3 5741 SW 118 AV COOPER CITY,	JR. /ENUE	(X) Addition
Title: Name: Address: City-St-Zip:	() !	Delete		Title: Name: Address: City-St-Zip:	VP () BENNICI, CRAIG 5741 SW 118 AV COOPER CITY,	ENUE	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	VP () BENNICI, CHRIS 663 VISTA ISLE PLANTATION, FI	STY S DRIVE	

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: RAY BENNICI SR. PD 04/09/2009