


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90344 037 ***150.00

DOCUMENT # P03000070596	
1. Entity Name ICONNECT TECHNOLOGIES, INC.	

Principal Place of Business 12766 W DIXIE HWY MIAMIA, FL 33161	Mailing Address 12766 W DIXIE HWY MIAMIA, FL 33161
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2. Principal Place of Business * 3600 S. State Rd. 7 Suite, Apt. #, etc. SUITE # 3	3. Mailing Address * 15780 NW 16TH COURT Suite, Apt. #, etc.
City & State MIRAMAR, FL	City & State PEMBROKE PINES, FL
Zip 33023	Country U.S.
Zip 33028	Country U.S.



03222004 Chg-P CR2E034 (10/03)

4. FEI Number 37-1470868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LABOSSIÈRE, JULIET M 12766 W DIXIE HWY MIAMIA, FL 33161	7. Name and Address of New Registered Agent Name LABOSSIÈRE, JULIET M Street Address (P.O. Box Number is Not Acceptable) 3600 S. STATE RD. 7 SUITE # 3 City MIRAMAR FL Zip Code 33023
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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: Juliet M. Labossiere (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ \$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	D LABOSSIÈRE, JULIET 12766 W DIXIE HWY MIAMIA, FL 33161 <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	D LABOSSIÈRE, DANIEL 12766 W DIXIE HWY MIAMIA, FL 33161 <input checked="" 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	President Berthony Labossiere 12766 W. Dixie Hwy Miami <input type="checkbox"/> Change <input checked="" 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
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

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: Berthony Labossiere BERTHONY LABOSSIÈRE 4/15/04 (954) 443 8149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #