2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096244

Title:

Name:

Address:

City-St-Zip:

FILED Jun 30, 2004 Secretary of State

Entity Name: I.C.W. PROPERTIES INC. **Current Principal Place of Business: New Principal Place of Business:** 5900 S.W. 73RD STREET SUITE 303 MIAMI, FL 33143 **New Mailing Address: Current Mailing Address:** 5900 S.W. 73RD STREET SUITE 303 MIAMI, FL 33143 FEI Number: 80-0099153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLER, CATHERINE 5900 S.W. 73RD STREET SUITE 303 MIAMI, FL 33143 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change () Addition () Delete Title: WYKA, GREG MILLER, ROBERT Name: Name: 5900 S.W. 73RD STREET 5900 S.W. 73RD STREET Address: Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: MIAMI, FL 33143 Title: Title: TD TD () Delete (X) Change () Addition Name: WYKA, WENDY Name: MILLER, ROBERT 5900 S.W. 73RD STREET 5900 S.W. 73RD STREET Address: Address: MIAMI, FL 33143 MIAMI, FL 33143 City-St-Zip: City-St-Zip: Title: (X) Change () Addition VD () Delete Title: VD. MILLER, ROBERT MILLER, CATHERINE Name: Name: 5900 S.W. 73RD STREET 5900 S.W. 73RD STREET Address: Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CATHERINE MILLER SD 06/30/2004

() Delete

MILLER, CATHERINE

MIAMI, FL 33143

5900 S.W. 73RD STREET

() Change () Addition