2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/

FILED
May 03, 2004 8:00 am
Secretary of State

04-05-2004 90044 028 ***150.00

DOCUMENT # P03000106211

1. Entity Name

ICOE, INC.

Principal Place of Business	Mailing Address
3725 S OCEAN DR, PENTHOUSE 9 HOLLYWOOD FL 33019	3725 S OCEAN DR, PENTHOUSE 9 HOLLYWOOD FL 33019

2. Principal Place of Business	3. Mailing Address
6382 MILK WAGON LN	6382 MILK WAGON LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI LAKES, FL	City & State: MIAMI LAKES, FL
Zip: 33014 / Country: USA	Zip: 33014 / Country: USA.

MOORE CR2E034 (11/03)

4. FEI Number: 33-1074550 — Applied For / Not Applicable

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
GASTESI, RAUL JR 8105 NW 155TH ST MIAMI LAKES FL 33016	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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	TITLE	☑ Change ☐ Addition
NAME	ARROJO, JOSE R JR	NAME	
STREET ADDRESS	3725 S OCEAN DR, PENTHOUSE 9	STREET ADDRESS	6382 MILK WAGON LANE
CITY-ST-ZIP	HOLLYWOOD FL 33019	CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	V ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	RODRIGUEZ, MICHELLE D	NAME	
STREET ADDRESS	3725 S OCEAN DR, PENTHOUSE 9	STREET ADDRESS	6382 MILK WAGON LANE
CITY-ST-ZIP	HOLLYWOOD FL 33019	CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: MICHELLE RODRIGUEZ 4\1\04 (305)557-6502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #