

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-05-2004 90044 028 ***150.00

4/

DOCUMENT # P03000106211

1. Entity Name

ICOE, INC.



Principal Place of Business

3725 S OCEAN DR, PENTHOUSE 9
HOLLYWOOD FL 33019

Mailing Address

3725 S OCEAN DR, PENTHOUSE 9
HOLLYWOOD FL 33019

00418295

2. Principal Place of Business

0382 MILK WAGON LN

3. Mailing Address

0382 MILK WAGON LN



MOORE

CR2E034 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

4. FEI Number

33-1074550

Applied For

Not Applicable

Zip

33014

Country

USA

Zip

33014

Country

USA

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

GASTES, 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
NAME ARROJO, JOSE R JR
STREET ADDRESS 3725 S OCEAN DR, PENTHOUSE 9
CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 0382 MILK WAGON LANE
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE V
NAME RODRIGUEZ, MICHELLE D
STREET ADDRESS 3725 S OCEAN DR, PENTHOUSE 9
CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 0382 MILK WAGON LANE
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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

M. Rodriguez

MICHELLE RODRIGUEZ

4/1/04 (305)557-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0502