

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90990 008 ***158.75

DOCUMENT # P03000145638

1. Entity Name
GROUP INTERNATIONAL I.C.M, CORP.



Principal Place of Business
8330 NW 58 ST
MIAMI, FL 33166

Mailing Address
8330 NW 58 ST
MIAMI, FL 33166

14015564



04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3190 S. W. 123 Court

Suite, Apt. #, etc.

3. Mailing Address

3190 S. W. 123 Court

Suite, Apt. #, etc.

City & State

Miami, Fla.

City & State

Miami, Fla.

4. FEI Number

41-2118222

Applied For

Not Applied

Zip

33175-2251

Country

Condado de Dade

Zip

33175-2251

Country

Condado de Dade

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTRO, IGNACIO
8330 NW 58 ST
MIAMI, FL 33166

7. Name and Address of New Registered Agent

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME **CASTRO, IGNACIO**
STREET ADDRESS **3190 SW 123 CT**
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE PT ☐ Delete
NAME **CASTRO, EIDER**
STREET ADDRESS **3190 SW 123 CT**
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Ignacio Castro

4/29/05