

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-04-2006 90017 015 ****50.00
08-30-2006 90002 015 ***100.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000033310			
1. Entity Name ICOM MANAGEMENT INC.			
Principal Place of Business 2477 PROVENCE CIRCLE WESTON, FL 33327 US		Mailing Address 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133 US	
2. Principal Place of Business		3. Mailing Address	
State, Apt #, etc		State, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3878561		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. 2685 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133		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 state if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NUMBER PER IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEB PENDLAND, GWENDOLYN C 2477 PROVENCE CIRCLE WESTON, FL 33327 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Gwendolyn Camille Pendland</u>		7-11-06 954-600-8595	
SIGNATURE AND TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR		Date Daytime Phone #	