

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90084 027 ***150.00

DOCUMENT # P04000065921			
1. Entity Name ICON INVESTMENT GROUP CORP.			
Principal Place of Business 8750 DORAL BLVD., #270 MIAMI, FL 33178		Mailing Address 8750 DORAL BLVD., #270 MIAMI, FL 33178	
2. Principal Place of Business 12760 SW 25 TERR Suite, Apt. #, etc.		3. Mailing Address 12760 SW 25 TERR Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33175	Country USA	Zip 33175	Country USA
6. Name and Address of Current Registered Agent SANTAMARIA, LAURA 8750 DORAL BLVD., #270 MIAMI, FL 33178		7. Name and Address of New Registered Agent Name: JOSE A URBINO Street Address (P.O. Box Number is Not Acceptable): 12760 SW 25 TERR City: Miami FL Zip Code: 33175	
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: <i>[Signature]</i> DATE: 4-30-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(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: P NAME: URBINO, JOSE A STREET ADDRESS: 8750 DORAL BLYD., #270 CITY-ST-ZIP: MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: C NAME: GALAN, RENE STREET ADDRESS: 8750 DORAL BLVD., #270 CITY-ST-ZIP: MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SVP NAME: RICCI, BOBBI STREET ADDRESS: 8750 DORAL BLVD., #270 CITY-ST-ZIP: MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CFOT NAME: URBINO, JULIE STREET ADDRESS: 8750 DORAL BLVD., #270 CITY-ST-ZIP: MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SANTAMARIA, LAURA STREET ADDRESS: 8750 DORAL BLVD., #270 CITY-ST-ZIP: MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		DATE: 4-30-05 DAYTIME PHONE #: (305) 588-5750	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	

ADDRESS: Has changed. and no FEI #
 could not apply on line.
 Had various problems.