


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90382 023 \*\*\*150.00

<b>DOCUMENT # P04000084304</b>					
1. Entity Name I.C.I. PROPERTY INVESTMENTS, INC.					
Principal Place of Business 101 NE 174TH ST NORTH MIAMI BEACH, FL 33162			Mailing Address 101 NE 174TH ST NORTH MIAMI BEACH, FL 33162		
2. Principal Place of Business <i>101 NE 174 ST</i>			3. Mailing Address <i>101 NE 174 ST</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>MIAMI FL</i>			City & State <i>MIAMI FL</i>		
Zip <i>33162</i>			Country <i>U.S.</i>		
4. FEI Number <i>20-1363797</i>			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
8. Name and Address of Current Registered Agent  FERTIL, FERDINAND 101 NE 174TH ST NORTH MIAMI BEACH, FL 33162			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CELLA, DIEUFATE	NAME			
STREET ADDRESS	101 NE 174TH ST	STREET ADDRESS			
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33162	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CELLA, EUSTACHE	NAME			
STREET ADDRESS	101 NE 174TH ST	STREET ADDRESS			
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33162	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERTIL, FERDINAND	NAME			
STREET ADDRESS	101 NE 174TH ST	STREET ADDRESS			
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33162	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Ferdinand Fertil</i> <b>FERDINAND FERTIL</b> 4/12-05 786-4869677 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date, Daytime Phone #</small>					