


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90001 018 \*\*\*155.00

<b>DOCUMENT # P05000108710</b>	
1. Entity Name <b>I.C.A. INVESTMENTS CORPORATION</b>	

Principal Place of Business <b>7884 MONTECITO PL DELRAY BEACH, FL 33446</b>	Mailing Address <b>7884 MONTECITO PL DELRAY BEACH, FL 33446</b>
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40100000



05132008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>22-3916223</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>DIEZ, SANTIAGO 80 S.W. 8 STREET SUITE 2510 MIAMI, FL 33130</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☒ **\$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CARRASCO, CLARA I 7884 MONTECITO PL DELRAY BEACH, FL 33446</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CARRASCO, LUIS M 7884 MONTECITO PL DELRAY BEACH, FL 33446</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CARRASCO, JUAN M 7884 MONTECITO PL DELRAY BEACH, FL 33446</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CARRASCO, FELIPE 7884 MONTECITO PL DELRAY BEACH, FL 33446</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CARRASCO, ANDREINA 7884 MONTECITO PL DELRAY BEACH, FL 33446</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 the empowered.

**SIGNATURE:** *Clara I Carrasco*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*05-13-08*  
Date

Daytime Phone #