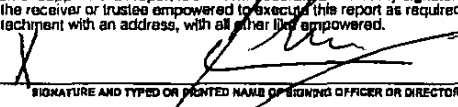


FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90139 037 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000073812					
1. Entity Name ICEBERG INTERNATIONAL CORP.					
Principal Place of Business 2600 S DOUGLAS ROAD PH-6 CORAL GABLES, FL 33155		Mailing Address 2600 S DOUGLAS ROAD PH-6 CORAL GABLES, FL 33155			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4952909	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PADIAL, JOSE I 2600 S DOUGLAS ROAD PH-6 CORAL GABLES, FL 33155				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW IN FEBRUARY \$150.00 (After May 11, 2007, Fee will be \$550.00)		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ARNAU AVILA, JAVIER		NAME		
STREET ADDRESS	2600 S DOUGLAS ROAD PH-6		STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES, FL 33155		CITY - ST - ZIP		
TITLE	DS	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SOBERANES RICHARDS, RAYMUNDO		NAME		
STREET ADDRESS	2600 S DOUGLAS ROAD PH-6		STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES, FL 33155		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ 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 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:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					