

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000016146

**FILED**  
**Apr 08, 2012**  
**Secretary of State**

**Entity Name:** ICON VICEROY 3-2703 CORP

**Current Principal Place of Business:**

2665 SOUTH BAYSHORE DR, SUITE 906  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

2665 SOUTH BAYSHORE DRIVE  
SUITE 800  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

2665 SOUTH BAYSHORE DR, SUITE 906  
COCONUT GROVE, FL 33133

**New Mailing Address:**

2665 SOUTH BAYSHORE DRIVE  
SUITE 800  
COCONUT GROVE, FL 33133

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GURIAN, JORGE  
2665 SOUTH BAYSHORE DR, SUITE 906  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

GURIAN, JORGE  
2665 SOUTH BAYSHORE DRIVE  
SUITE 800  
COCONUT GROVE, FL 33133 US

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.

SIGNATURE: JORGE L. GURIAN

04/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KABALAN, JOSE A  
Address: 2665 SOUTH BAYSHORE DRIVE SUITE 800  
City-St-Zip: COCONUT GROVE, FL 33133

Title: SD  
Name: KABALAN, CHARBEL J  
Address: 2665 SOUTH BAYSHORE DRIVE SUITE 800  
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSE A. KABALAN

PD

04/08/2012

Electronic Signature of Signing Officer or Director

Date