

2004 FOR PROFIT CORPORATION ANNUAL REPORT

08-31-2004 90003 024 ***150.00
P94000087629


FILED

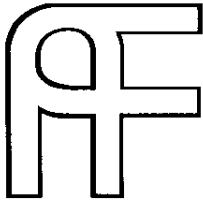
04 OCT 18 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FL 32399-071026



01262004 Chg-P CR2E034 (10/03)

DOCUMENT # P94000087629			
1. Entity Name INTERNATIONAL CATHOLIC CENTER FOR PILGRIMAGES, INC.			
Principal Place of Business 7930 NW 36TH ST SUITE 218 MIAMI, FL 33168		Mailing Address 999 PONCE DE LEON BLVD SUITE 625 CORAL GABLES, FL 33134	
2. Principal Place of Business 312 NE 15th Ave. #8 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Ft. Lauderdale FL		City & State	
Zip 33301	Country	Zip	Country
4. FEI Number 65-1008415		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARAH, CARLOS M 999 PONCE DE LEON BLVD SUITE 625 CORAL GABLES, FL 33134		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when requesting)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	DP MARCINO, FRANCESCO 2600 SW 3RD AVE MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 NE 135 STREET, APT. #308 NORTH MIAMI, FL. 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PREATO DE MARCINO, ANALIA 2600 SW 3RD AVE MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 NE 135 STREET, APT. #308 NORTH MIAMI, FL. 33181
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
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
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
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: <u>Francesco Marcino</u>		August 24, 04 305-638-4856	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



**Appelrouth, Farah
& Co., P.A.**

Your Consultants to the Business Community

MIAMI

999 Ponce de Leon Boulevard
Suite 625
Coral Gables, Florida 33134

Telephone
(305) 444-0999

Facsimile
(305) 443-5171

Ft. Lauderdale
(954) 728-8989

Toll-Free
(877) 446-0999

KEY WEST

604 Duval Street, Suite C
Key West, Florida 33040

Telephone
(305) 296-6444

info@appelrouth.com

October 12, 2004

Sean Toner
Senior Section Administrator
Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: International Catholic Center for Pilgrimages, Inc.
FEIN: 65-1008415; Document # P94000087629
Florida Dept. of State Letter Number: 804A00057255

Dear Mr. Toner:

Thank you for talking to me on the phone earlier regarding International Catholic Center for Pilgrimages, Inc. As explained to you, a clerk from this accounting office downloaded the form, and inadvertently stuck it in a file to be filed away.

In August, upon realizing that the annual report for this client had not been forwarded to them, we immediately did so. Shortly thereafter, they filed the required form with the standard corporate filing fee of \$150.00.

As we discussed, please waive the penalty fee of \$400.00 imposed on International Catholic Center for Pilgrimages, Inc. for this inadvertent accounting clerk error of which they were not responsible. Your help in this matter is greatly appreciated.

Sincerely,

Herbert Spahn, III, C.P.A.

Client/ICCFPI-URB-2