

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90506 036 ***150.00

DOCUMENT # P94000094239

1. Entity Name

I.C.T. INVESTMENT PROPERTIES, INC.



Principal Place of Business 1111 KANE CONCOURSE 502 CONCOURSE PLAZA BAY HARBOR ISLAND, MIAMI FL 33154	Mailing Address 1111 KANE CONCOURSE 502 CONCOURSE PLAZA BAY HARBOR ISLAND, MIAMI FL 33154
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

* 201

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number **65-0543702**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIESCHOLEU, MARTIN
1111 KANE CONCOURSE
502 CONCOURSE PLAZA
BAY HARBOR ISLAND, MIAMI FL 33154

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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	PS	☐ Delete
NAME	WIESCHOLEK, MARTIN	
STREET ADDRESS	1111 KANE CONCOURSE, 502	
CITY-ST-ZIP	BAY HARBOR ISLAND, MIAMI FL 33154	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
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NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04

Date

305 867-7676

Daytime Phone #