

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90088 025 ***150.00

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1. Entity Name
ICOM TECHNOLOGIES OF FLORIDA, INC.



Principal Place of Business
515 N FLAGLER DRIVE
SUITE 808
WEST PALM BEACH, FL 33401

Mailing Address
515 N FLAGLER DRIVE
SUITE 808
WEST PALM BEACH, FL 33401



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132006

Chg-P

CR2E034 (11/05)

4. FEI Number

63-0637574

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

FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY ONE
SUITE 300
N PALM BEACH, FL 33408

(NOTE - Moved
Address change
only)

Name FHS Corp Services, Inc

Street Address (P.O. Box Number is Not Acceptable)

660 U.S. Highway One, 3rd floor

City North Palm Beach

FL

Zip Code 33408

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
DPS
CUILLO, ROBERT S
STREET ADDRESS
515 N FLAGLER DRIVE STE 808
CITY- ST- ZIP
WEST PALM BEACH, FL 33401

TITLE ☐ Delete
NAME
T
HOTARY, MICHAEL
STREET ADDRESS
515 N FLAGLER DRIVE STE 808
CITY- ST- ZIP
WEST PALM BEACH, FL 33401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Hotary, Treasurer

4-27-06

(561) 478-4990