

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000007071

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

FILED
Apr 30, 2007 08:00 A
Secretary of State



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number
63-0637574

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES, INC.
660 US HWY ONE
3RD FLOOR
NORTH PALM BEACH, FL 33408

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000745135
05/16/07-80014-014 150.00

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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

Digit. sig. Phone #

Michael Hotary, Treasurer 4-25-07 (561) 478-4990