2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State
03-06-2006 90018 011 ***150.00

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1. Entity Name
INTERNATIONAL CAPITAL MARKETS, INC.

Principal Place of Business	Mailing Address
6899 VIENTO WAY BOCA RATON, FL 33433 US	6899 VIENTO WAY BOCA RATON, FL 33433 US

400024016

03022006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
100 SE 2nd STREET	100 SE 2nd STREET
Suite, Apt. #, etc.: 1120	Suite, Apt. #, etc.: 1120
City & State: MIAMI FLORIDA	City & State: MIAMI FLORIDA
Zip: 33131 Country: MIAMI-DADE	Zip: 33131 Country: MIAMI-DADE

4. FEI Number: 65-0690624 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, MARK A
6899 VIENTO WAY
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name: FRANCO B. CASTRO
Street Address (P.O. Box Number is Not Acceptable): 100 SE 2nd. STREET
SUITE 1120
City: MIAMI FL Zip Code: 33131

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] DATE: 2-28-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☑ Delete	TITLE	D	☐ Change ☑ Addition
NAME	COHEN, MARK A		NAME	FRANCO B. CASTRO	
STREET ADDRESS	6899 VIENTO WAY		STREET ADDRESS	100 SE 2nd. STREET - SUITE 1120	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] 2-28-06 (305) 533-0381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #