

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90018 011 ***150.00

DOCUMENT # P96000083914	
1. Entity Name INTERNATIONAL CAPITAL MARKETS, INC.	

Principal Place of Business 6899 VIENTO WAY BOCA RATON, FL 33433 US	Mailing Address 6899 VIENTO WAY BOCA RATON, FL 33433 US
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2. Principal Place of Business 100 SE 2nd STREET Suite, Apt. #, etc. 1120	3. Mailing Address 100 SE 2nd STREET Suite, Apt. #, etc. 1120
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33131	Country MIAMI-DADE
Zip 33131	Country MIAMI-DADE

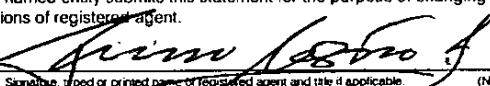
4002402



03022006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent COHEN, MARK A 6899 VIENTO WAY BOCA RATON, FL 33433	
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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	
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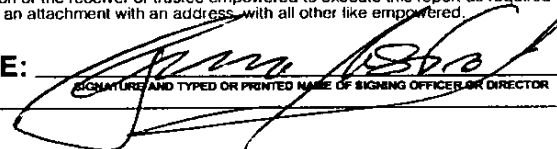
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 2-28-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, MARK A 6899 VIENTO WAY BOCA RATON, FL 33433 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCO B. CASTRO 100 SE 2nd STREET - SUITE 1120 MIAMI, FL 33131 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 	2-28-06 (305) 533-0381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #