

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90060 048 ***150.00

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1. Entity Name
INTERNATIONAL CAPITAL MARKETS, INC.

Principal Place of Business
100 SE 2ND STREET
1120
MIAMI, FL 33131 US

Mailing Address
100 SE 2ND STREET
1120
MIAMI, FL 33131 US

40023977



02202007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
1111 Buckell Avenue

3. Mailing Address
1111 Buckell Avenue

Suite, Apt. #, etc.
1375

Suite, Apt. #, etc.
1375

City & State
MIAMI FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
65-0690624

Applied For
 Not Applicable

Zip
33131

Country
MIAMI - DABE

Zip
33131

Country
MIAMI - DABE

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

6. Name and Address of Current Registered Agent

CASTRO, FRANCO B
100 SE 2ND STREET
STE 1120
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
FRANCO B. CASTRO

Street Address (P.O. Box Number is Not Acceptable)
1111 Buckell Avenue

Suite
1375

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  DATE **2-23-07**

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, 2007 Fee will be \$550.00

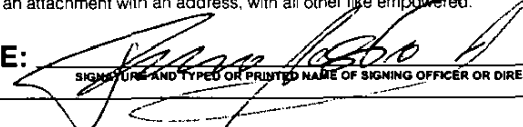
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTRO, FRANCO B 100 SE 2ND STREET., STE 1120 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE **2-23-07** DAYTIME PHONE # **(305) 583-0381**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR