

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000061290

Entity Name: IDCM, INC.

FILED
Nov 21, 2006
Secretary of State

Current Principal Place of Business:

1172 S DIXIE HWY
#429
CORAL GABLES, FL 33146 US

New Principal Place of Business:

6915 VERONESE STREET
CORAL GABLES, FL 33146 US

Current Mailing Address:

2996 SCOTT BLVD.
SANTA CLARA, CA 95054

New Mailing Address:

6609 S.W. 65TH STREET
SOUTH MIAMI, FL 33143

FEI Number: 65-0852583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAPHAM, ANA
6609 SW 65TH STREET
SOUTH MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ANA LAPHAM

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLEIDE TEMER DE SA,
Address: 1172 S DIXIE HWY
City-St-Zip: CORAL GABLES, FL 33146

Title: VP () Delete
Name: JOAO JOSE DE SA,
Address: 1172 S DIXIE HWY
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CLEIDE TEMER DE SA,
Address: 6915 VERONESE STREET
City-St-Zip: CORAL GABLES, FL 33146

Title: VP (X) Change () Addition
Name: JOAO JOSE DE SA,
Address: 6915 VERONESE STREET
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLEIDE TEMER DE SA

PD

11/21/2006

Electronic Signature of Signing Officer or Director

Date