

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000004406

1. Entity Name

INTERNATIONAL COMMERCE PARK CORP. I



Principal Place of Business

306 ALCAZAR AVE., #303
CORAL GABLES, FL 33134

Mailing Address

306 ALCAZAR AVE., #303
CORAL GABLES, FL 33134



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0891868

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIMAN, MAURICIO J
306 ALCAZAR AVE., ST 303
CORAL GABLES, FL 33134

**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 file 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

DATE
03/10/06-80010-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	SIMAN, MAURICIO J
STREET ADDRESS	306 ALCAZAR AVE., #303
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	DT
NAME	SIMAN, SARA L
STREET ADDRESS	306 ALCAZAR AVE., #303
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	DVP
NAME	FERNANDEZ, CARMEN S
STREET ADDRESS	306 ALCAZAR AVE. #303
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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

Daytime Phone #