

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # S56673

1. Entity Name
I.C. ASSEMBLIES, INC.



Principal Place of Business
2250 NW 102 AVENUE
MIAMI, FL 33166 US

Mailing Address
2250 NW 102 AVENUE
MIAMI, FL 33172 US



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0309804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, ABELARDO
1101 SAN PEDRO AVENUE
CORAL GABLES, FL 33156

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GOMEZ, ABELARDO
8107 LOS PINOS CIRCLE
CORAL GABLES, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GOMEZ, LUCILA
8107 LOS PINOS CIRCLE
CORAL GABLES, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GOMEZ, ALBERT A
8107 LOS PINOS CIRCLE
CORAL GABLES, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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

Abelardo Gomez
Abelardo Gomez

1/9/06

(305) 477-0388

Date

Daytime Phone if