

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2007 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**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0309804	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 reinstating)

DATE

**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

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

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

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

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01/12/07-80012-015 150.00

**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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Abelardo Gomez
Abelardo Gomez

1/5/07
Date

(305) 477-0387
Daytime Phone #