2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S56673

Entity Name: I.C. ASSEMBLIES, INC.

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
2250 NW 102 AVENUE MIAMI, FL 33166 US	2250 NW 102 AVENUE DORAL, FL 33172 US
Current Mailing Address:	New Mailing Address:
2250 NW 102 AVENUE MIAMI, FL 33172 US	2250 NW 102 AVENUE DORAL, FL 33172 US
FEI Number: 65-0309804 FEI Number Applied For () FEI Number	nber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
GOMEZ, ABELARDO 1101 SAN PEDRO AVENUE CORAL GABLES, FL 33156 US	GOMEZ, ABELARDO 8107 LOS PINOS CIRCLE CORAL GABLES, FL 33143 US
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: ABELARDO GOMEZ	01/07/2008
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	

OFFICERS AND DIRECTORS:

CORAL GABLES, FL 33143

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: () Change () Addition GOMEZ, ABELARDO Name: Name: 8107 LOS PINOS CIRCLE Address: Address: City-St-Zip: CORAL GABLES, FL 33143 City-St-Zip: Title: VΡ () Delete Title: (X) Change () Addition GOMEZ, LUCILA, Name: Name: GOMEZ, LUCILA Address: 8107 LOS PINOS CIRCLE Address: 8107 LOS PINOS CIRCLE CORAL GABLES, FL 33143 CORAL GABLES, FL 33143 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition Name: GOMEZ, ALBERT A Name: Address: 8107 LOS PINOS CIRCLE Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: ABELARDO GOMEZ P 01/07/2008