## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S68346

Entity Name: ICA INSURANCE SERVICES, INC.

FILED Feb 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13876 S.W. 56TH ST. 1401 DARCY ROAD PMB-109 LADY LAKE, FL 32159 MIAMI, FL 33175

Current Mailing Address: New Mailing Address:

13876 S.W. 56TH ST. PO BOX 1988 PMB-109 LADY LAKE, FL

PMB-109 LADY LAKE, FL 321581988 MIAMI, FL 33175

FEI Number: 65-0277636 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOREIRA, ALICIA L
5524 S.W. 154TH PLACE
MIAMI, FL 33185 US

MOREIRA, ALICIA L
PO BOX 1988
LADY LAKE, FL 321581988 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: 02/28/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PST () Delete
 Title:
 PST (X) Change () Addition

 Name:
 MOREIRA, JESSICA
 Name:
 MOREIRA, JESSICA

 Address:
 5524 S.W. 154TH PLACE
 Address:
 1401 DARCY ROAD

City-St-Zip: MIAMI, FL 33185 Address. 1401 DARCT ROAD

City-St-Zip: LADY LAKE, FL 32159

 Title:
 D
 ( ) Delete
 Title:
 D
 ( X) Change ( ) Addition

 Name:
 MOREIRA, JESSICA
 Name:
 MOREIRA, JESSICA

 Address:
 5524 S.W. 154TH PLACE
 Address:
 1401 DARCY ROAD

Address: 5524 S.W. 154TH PLACE Address: 1401 DARCY ROAD
City-St-Zip: MIAMI, FL 33185 City-St-Zip: LADY LAKE, FL 32159

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 MOREIRA, ALICIA
 Name:
 MOREIRA, ALICIA

 Address:
 5524 SW 154 PL
 Address:
 1401 DARCY ROAD

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:
 LADE LAKE, FL
 32159

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JESSICA MOREIRA PRES 02/28/2004