

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000037424

**Entity Name:** INTERNATIONAL COMPLIANCE SERVICES INC.

**Current Principal Place of Business:**

1060 BORGHESE LANE UNIT 2103  
NAPLES, FL 34114

**Current Mailing Address:**

1060 BORGHESE LANE UNIT 2103  
NAPLES, FL 34114 US

**FEI Number: 88-2397909**

**Certificate of Status Desired: Yes**

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

BUSINESS FILINGS INCORPORATED  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name JOSEPH HUGHES  
Address 15 QUENTIN ROAD,  
City-State-Zip: WESTPORT CT 06880

Title D  
Name VINCENT SOLARINO  
Address 1060 BORGHESE LANE UNIT 2103  
City-State-Zip: NAPLES FL 34114

Title D/T  
Name ARPAD KADI  
Address 1 BATTERY PARK PLAZA 31ST FL,  
City-State-Zip: NEYYORK NY 10004

Title D/P  
Name DOROTHEA IOANNOU  
Address 1 BATTERY PARK PLAZA 31ST FL,  
City-State-Zip: NEYYORK NY 10004

Title D/S  
Name DANIEL TADROS  
Address 1 BATTERY PARK PLAZA 31ST FL,  
City-State-Zip: NEYYORK NY 10004

Title D/VP  
Name THOMAS HAMILTON  
Address 1 BATTERY PARK PLAZA 31ST FL,  
City-State-Zip: NEYYORK NY 10004

*I hereby 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 all other like empowered.*

**SIGNATURE: ARPAD KADI**

**CFO**

**03/26/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date