

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 393644

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** ECONOCARIBE CONSOLIDATORS, INC.

**Current Principal Place of Business:**

2401 N W 69TH ST  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

2401 N W 69TH ST  
MIAMI, FL 33147

**New Mailing Address:**

**FEI Number:** 59-1428228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SHAPIRO, MITCHELL  
2401 NW 69TH ST.  
MIAMI, FL 33147 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ABISCH, JOHN  
Address: 2401 N.W. 69TH ST.  
City-St-Zip: MIAMI, FL 33147

Title: CFO  
Name: SHAPIRO, MITCHELL  
Address: 2401 NW 69TH ST  
City-St-Zip: MIAMI, FL 33147

Title: VPD  
Name: BRODER, BRAD  
Address: 2401 N W 69TH ST  
City-St-Zip: MIAMI, FL 33147

Title: VPD  
Name: GOLDENBERG, ROBERT  
Address: 2401 N W 69TH ST  
City-St-Zip: MIAMI, FL 33147

Title: VPD  
Name: OLSTER, RONALD  
Address: 2401 N W 69TH ST  
City-St-Zip: MIAMI, FL 33147

Title: VPD  
Name: BERMUDEZ, JESUS  
Address: 2401 N W 69TH ST  
City-St-Zip: MIAMI, FL 33147

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: MITCHELL SHAPIRO

CFO

01/07/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date