

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 408347

Entity Name: E. C. TRANSFER CORP

FILED  
Apr 22, 2009  
Secretary of State

## Current Principal Place of Business:

4737 N.W. 72ND AVE  
MIAMI, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

9545 SW 36TH ST  
MIAMI, FL 33165 US

## New Mailing Address:

4737 N.W. 72ND AVE  
MIAMI, FL 33166

FEI Number: 59-1430705

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANTON, URBANO E  
9545 SW 36TH ST  
MIAMI, FL 33165 US

## Name and Address of New Registered Agent:

EFRAIN, CAMPS  
4737 NW 72ND AVE  
MIAMI, FL 33166 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: EFRAIN CAMPS

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CAMPS, EFRAIN  
Address: 4737 NW 72ND AVE  
City-St-Zip: MIAMI, FL 33166

Title: ST ( ) Delete  
Name: CAMPS, NEYMA  
Address: 4737 NW 72ND AVE  
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete  
Name: BARRERO, NEYMA  
Address: 3421 SW 18TH TERRACE  
City-St-Zip: MIAMI, FL 33145

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: CAMPS, NEYMA  
Address: 4737 NW 72ND AVE  
City-St-Zip: MIAMI, FL 33166

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: EFRAIN CAMPS

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date