


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/11/2007-90035-001-\$50.00-\$50.00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 PM 1:56

DOCUMENT # L06000072831 1. Entity Name ECS CONSTRUCTION LLC					
Principal Place of Business 1175 NE 125TH STREET 316 NORTH MIAMI FL 33161 US		Mailing Address 1175 NE 125TH STREET 316 NORTH MIAMI FL 33161 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 161766983	
Zip		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
D'AGOSTINO, LUIS A 1175 NE 125TH STREET 316 NORTH MIAMI FL 33161			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature is required when changing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	D'AGOSTINO, LUIS A	NAME			
STREET ADDRESS	17555 COLLINS AVENUE #308	STREET ADDRESS			
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANK, ZAYAS M	NAME			
STREET ADDRESS	1175 NE 125TH STREET #316	STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL 33161	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PINNACLE CONSULTING LLC	NAME			
STREET ADDRESS	17555 COLLINS AVENUE #308	STREET ADDRESS			
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ENGINEER CONTROL SYSTEMS CORPORATION	NAME			
STREET ADDRESS	1175 NE 125TH STREET #316	STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL 33160	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____		9/15/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Declarant Phone #					