

**AMENDED**  
**2007 NOT-FOR-PROFIT CORPORATION**  
**ANNUAL REPORT**

01-24-2007 90044 044 \*\*\*61.25  
 N05000004250

FILED  
 07 FEB -5 PM 4:02

STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA



**DOCUMENT # N05000004250**

1. Entity Name  
**E B C 2, INC.**



Principal Place of Business  
**C/O FRED E. GLICKMAN, ESQUIRE**  
**9200 S. DADELAND BOULEVARD, SUITE 508**  
**MIAMI, FL 33156**

Mailing Address  
**C/O FRED E. GLICKMAN, ESQUIRE**  
**9200 S. DADELAND BOULEVARD, SUITE 508**  
**MIAMI, FL 33156**

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01162007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-1302268**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>GLICKMAN, FRED E ESQ</b> <b>9200 S DADELAND BLVD STE 508</b> <b>MIAMI, FL 33156</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	ACOSTA, RAFAEL	<input checked="" type="checkbox"/> Delete	TITLE	VP	JOHN SABATIER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		9200 S DADELAND BLVD STE 508		NAME		9306 SW 37 ST	
STREET ADDRESS		MIAMI, FL 33156		STREET ADDRESS		MIAMI FL 33165	
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	P	GOMEZ, MIKE	<input type="checkbox"/> Delete	TITLE		DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9200 S DADELAND BLVD STE 508		NAME			
STREET ADDRESS		MIAMI, FL 33156		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	T	VOSS, JOHN	<input type="checkbox"/> Delete	TITLE		PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9200 S DADELAND BLVD STE 508		NAME		John Voss	
STREET ADDRESS		MIAMI, FL 33156		STREET ADDRESS		600 NE 36th Street #1401	
CITY-ST-ZIP				CITY-ST-ZIP		MIAMI FL 33137	
TITLE	VP	WASCURA, JOE	<input type="checkbox"/> Delete	TITLE		DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9200 S DADELAND BLVD STE 508		NAME			
STREET ADDRESS		MIAMI, FL 33156		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	D	BOYLE, NAN	<input checked="" type="checkbox"/> Delete	TITLE		TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		9200 S DADELAND BLVD STE 508		NAME		GLORIA BATULE	
STREET ADDRESS		MIAMI, FL 33156		STREET ADDRESS		782 N. LE JEUNE ROAD SUITE 528	
CITY-ST-ZIP				CITY-ST-ZIP		MIAMI FLA 33126	
TITLE	S	MORAT, LAURIE	<input checked="" type="checkbox"/> Delete	TITLE		Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		9200 S DADELAND BLVD STE 508		NAME		Beatriz Trueta	
STREET ADDRESS		MIAMI, FL 33156		STREET ADDRESS		12005 SW 107 Ct.	
CITY-ST-ZIP				CITY-ST-ZIP		MIAMI, FL 33176	

12. 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 or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gloria Batule **GLORIA BATULE, TREAS** 1/16/07 305-441-6464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #