


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90176 009 \*\*\*\*61.25

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

4000000-



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01232008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

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  
 GLICKMAN, FRED E ESQ  
 9200 S DADELAND BLVD STE 508  
 MIAMI, FL 33156

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SABATIER, JOHN 9306 SW 37 ST MIAMI, FL 33165	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, MIKE 9200 S DADELAND BLVD STE 508 MIAMI, FL 33156	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOSS, JOHN 600 NE 36TH STREET #1401 MIAMI, FL 33137	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASCURA, JOE 9200 S DADELAND BLVD STE 508 MIAMI, FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BATULE, GLORIA 782 N LE JEUNE ROAD SUITE 528 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRUETA, BEATRIZ 12905 SW 107 CT MIAMI, FL 33176	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rafael Acosta 12379 SW 251 Ter Miami, FL 33032	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Amy Conception 21133 NE 4 COURT MIAMI, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Voss 600 NE 36 ST #1401 MIAMI, FL 33137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joseph F. Mascara 4/29/08 305-790-6597  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #