


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90053 004 ***150.00

DOCUMENT # P03000099982
 1. Entity Name
ECHANICS INC.



Principal Place of Business Mailing Address
400 FAIRWAY DR 10260 BROOKVILLE LANE DEERFIELD, FL 33441 **SAME**
400 FAIRWAY DR 106 DEERFIELD, FL 33441

54029197



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

04062004 Chg-P CR2E034 (10/03)

City & State Zip Country

4. FEI Number **20-0243992** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
ROLLARI, PATRICIA
7274 NW 63RD WAY
PARKLAND, FL 33067

7. Name and Address of New Registered Agent
 Name **THAYER NAGIB**
 Street Address (P.O. Box Number is Not Acceptable) **10260 BROOKVILLE LANE**
BOCA RATON FL Zip Code **33428**

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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		
TITLE		<input checked="" type="checkbox"/> Delete
NAME	NAGIB, MOYASSAR	
STREET ADDRESS	290 88TH STREET	
CITY - ST - ZIP	BROOKLYN, NY 11209	
TITLE		<input type="checkbox"/> Delete
NAME	NAGIB, THAYER	
STREET ADDRESS	400 FAIRWAY DR. SUITE 106 10260 BROOKVILLE LANE	
CITY - ST - ZIP	DEERFIELD, FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME	BOCA RATON, FL 33428	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: _____ DATE: **4/6/04** Daytime Phone #: **954-258-7691**