

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000020652

Entity Name: EKIS ENTERPRISES, INC.

FILED  
Mar 30, 2009  
Secretary of State

## Current Principal Place of Business:

ONE S.E. THIRD AVENUE  
SUITE 2130  
MIAMI, FL 33131 US

## New Principal Place of Business:

## Current Mailing Address:

ONE S.E. THIRD AVENUE  
SUITE 2130  
MIAMI, FL 33131 US

## New Mailing Address:

FEI Number: 20-8457571      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COPROLITE CORPORATION  
ONE S.E. THIRD AVENUE  
SUITE 2130  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: AS ( ) Delete  
Name: BLASS, STEPHEN A  
Address: ONE S.E. THIRD AVENUE, SUITE 2130  
City-St-Zip: MIAMI, FL 33131 US

Title: AS ( ) Delete  
Name: FRANKEL, MELVIN F  
Address: ONE S.E. THIRD AVENUE, SUITE 2130  
City-St-Zip: MIAMI, FL 33131 US

Title: D ( ) Delete  
Name: KREFFT, DIETER  
Address: ONE S.E. THIRD AVENUE, SUITE 2130  
City-St-Zip: MIAMI, FL 33131 US

Title: D ( ) Delete  
Name: KRUMDIEK, CLAUS  
Address: ONE S.E. THIRD AVENUE, SUITE 2130  
City-St-Zip: MIAMI, FL 33131 US

Title: DPT ( ) Delete  
Name: MATTHIES, JAN  
Address: ONE S.E. THIRD AVENUE, SUITE 2130  
City-St-Zip: MIAMI, FL 33131 US

Title: VS (X) Delete  
Name: SANDOVAL, CLAUDIA  
Address: ONE S.E. THIRD AVENUE, SUITE 2130  
City-St-Zip: MIAMI, FL 33131 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: CLAUDIA KRUMDIEK

D

03/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date