


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000000963 1. Entity Name E-COMB, INC.						FILED 05 MAY 10 PM 4:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 360 COLLINS AVENUE APT. 203 MIAMI BEACH, FL 33139				Mailing Address P.O. BOX 398891 MIAMI BEACH, FL 33239			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent RODRIGUES, LUIZ 360 COLLINS AVENUE APT. 203 MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 65-0585934			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ORFINO, PAUL 1500 BAY ROAD #916 MIAMI BEACH, FL 33139				TITLE NAME STREET ADDRESS CITY-ST-ZIP DIRECTOR GUERTIN, BRIAN PO BOX 190103 MIAMI BEACH, FL 33119			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D LUCE, CLOTILDE 301 OCEAN DR APT 508 MIAMI BEACH, FL 33139				TITLE NAME STREET ADDRESS CITY-ST-ZIP D HEDGES, TOM 309 E. RIVOLTO DR MIAMI BEACH, FL 33139			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D REED, STUART 1420 PENNSYLVANIA AVE., #302 MIAMI BEACH, FL 33139				TITLE NAME STREET ADDRESS CITY-ST-ZIP D MARTIN ROCHE 1220 N.E. 11th PLACE NORTH MIAMI, FL 33661			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D PORTER-BROWN, WYATT 58 NE 92ND STREET MIAMI SHORES, FL 33138				TITLE NAME STREET ADDRESS CITY-ST-ZIP D LUIZ RODRIGUES 360 COLLINS AVE, #203 MIAMI BEACH, FL 33139			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE 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 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: <i>LUIZ RODRIGUES</i>				4/23/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE			

MAILED MAY 17 2005



08272004 Chg-NP CR2E037 (10/03)

4/23/05

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05/18/05 01055-010 \$61.25

305.947.5532
305.534.3825