

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000963

FILED  
Jan 22, 2008  
Secretary of State

Entity Name: E-COMB, INC.

## Current Principal Place of Business:

360 COLLINS AVENUE  
APT. 203  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 398891  
MIAMI BEACH, FL 33239

## New Mailing Address:

FEI Number: 65-0585934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RODRIGUES, LUIZ  
360 COLLINS AVENUE  
APT. 203  
MIAMI BEACH, FL 33139 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

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ZORDAN, CONSTANZA  
Address: 435 W. 43RD STREET  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: CORTEZ-MEZA, ANA-MARIE  
Address: 1771 PUROX AVE.  
City-St-Zip: MIAMI BEACH, FL 33139

Title: C ( ) Delete  
Name: REED, STUART  
Address: 1420 PENNSYLVANIA AVE., #302  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: PORTER-BROWN, WYATT  
Address: 58 NE 92ND STREET  
City-St-Zip: MIAMI SHORES, FL 33138

Title: PED ( ) Delete  
Name: RODRIGUES, LUIZ  
Address: 360 COLLINS AVE #203  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: GUERTIN, BRIAN  
Address: P O BOX 190103  
City-St-Zip: MIAMI BEACH, FL 33119

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GONGORA, MICHAEL  
Address: 5838 COLLINS AVE., 33A  
City-St-Zip: MIAMI BEACH, FL 33140

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

Title: D (X) Change ( ) Addition  
Name: LIEBERMAN, MYRON  
Address: 1602 ALTON RD, #457  
City-St-Zip: MIAMI BEACH, FL 33139

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIZ RODRIGUES

PED

01/22/2008

Electronic Signature of Signing Officer or Director

Date