

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000963

**Entity Name:** E-COMB, INC.

**Current Principal Place of Business:**

111 NE 1ST STREET  
8TH FLOOR - SUITE 804  
MIAMI, FL 33132

**Current Mailing Address:**

111 NE 1ST STREET  
8TH FLOOR - SUITE 804  
MIAMI, FL 33132 US

**FEI Number:** 65-0585934

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCHEINBLUM, BRIAN  
111 NW 1ST STREET, 8TH FLOOR  
MIAMI, FL 33132 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SCHEINBLUM, BRIAN  
Address        111 NE 1ST STREET  
                  8TH FLOOR  
City-State-Zip: MIAMI FL 33132

Title            TREASURER  
Name            VAN BRYCE, GABRIOLE  
Address        4614 HERMAN CIRCLE  
City-State-Zip: PORT CHARLOTTE FL 33948

Title            DIRECTOR  
Name            ZYGNERSKI, EVE  
Address        111 NE 1ST STREET  
                  8TH FLOOR - SUITE 804  
City-State-Zip: MIAMI FL 33132

I hereby 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 all other like empowered.

**SIGNATURE:** BRIAN SCHEINBLUM

**PRESIDENT**

**05/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date