

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90089 050 ***150.00

DOCUMENT # F04000006141					
1. Entity Name EAST COAST EFFICIENT PROPERTY MANAGEMENT, INC.					
Principal Place of Business 12955 BISCAYNE BLVD., SUITE 202 NORTH MIAMI, FL 33181			Mailing Address 12955 BISCAYNE BLVD. SUITE 202 NORTH MIAMI, FL 33181		
2. Principal Place of Business - No P.O. Box # 5595 ORANGE Dr Suite, Apt. #, etc. 206		3. Mailing Address 5595 ORANGE Dr. Suite, Apt. #, etc. 206			
City & State DAVIE FL		City & State DAVIE FL		4. FEI Number 20-1786888	
Zip 33314		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE, FL 32301-1283			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME KLIGER, MICHAEL STREET ADDRESS 12955 BISCAYNE BLVD., SUITE 202 CITY-ST-ZIP NORTH MIAMI, FL 33181	TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME KLIGER, MICHAEL STREET ADDRESS 5595 ORANGE Drive #206 CITY-ST-ZIP DAVIE FL 33314				
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/17/08 954583062 Date Daytime Phone #		