


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # M51202 1. Entity Name EASTCHEM CORPORATION	
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Principal Place of Business % SANTANDER ORDONEZ 1840 W. 49TH ST., SUITE 220-4 HIALEAH, FL 33012	Mailing Address % SANTANDER ORDONEZ 1840 W. 49TH ST., SUITE 220-4 HIALEAH, FL 33012
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05012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0034879	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ORDONEZ, SANTANDER
1840 W. 49TH ST.
SUITE 220-4
HIALEAH, FL 33012**

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

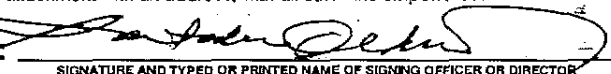
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORDONEZ, SANTANDER 1840 WEST 49TH STREET #220-4 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ORDONEZ, MAX F. 1840 W 49TH STREET #220-4 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ORDONEZ, VERA 1840 W 49TH STREET #220-4 HIALEAH, FL 33012
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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05/05/05-80051-012 150.00

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 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

4/30/05 305-888-3931
Date Daytime Phone #