

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N04000010052

1. Entity Name

ECOS INC.



Principal Place of Business

1625 NW 30TH AVENUE
MIAMI FL 33125

Mailing Address

1625 NW 30TH AVENUE
MIAMI FL 33125

FILED

05 MAR -1 PM 6:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

54 NW 34 AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami-Florida

City & State

4. FEI Number

20-1801686

Applied For

Not Applicable

Zip

Country

33-125 USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VINA, ANA P
1625 NW 30TH AVENUE
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

VINA, ANA

Street Address (P.O. Box Number is Not Acceptable)

54 NW 34 AVE.

City

MIAMI-

FL

Zip Code

33125

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

Ana Vina

ANA VINA OFFICER/OWNER

02-10-05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME VINA, ANA P
STREET ADDRESS 1625 NW 30TH AVENUE
CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE V
NAME BERNAZA, LUIS F
STREET ADDRESS 1625 NW 30TH AVENUE
CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE S
NAME OLSON, LUISA M
STREET ADDRESS 174 E 10TH STREET
CITY-ST-ZIP MIAMI FL 33010 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Ana Vina

OFFICER/OWNER

02-10-05 (305)643-8636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #