

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90187 043 ****70.00

ONE WORD



03062006 Chg-NP CR2E037 (11/05)

DOCUMENT # N95000000963					
1. Entity Name E-COMB, INC.					
Principal Place of Business 360 COLLINS AVENUE APT. 203 MIAMI BEACH, FL 33139			Mailing Address P.O. BOX 398891 MIAMI BEACH, FL 33239		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0585934	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RODRIGUES, LUIZ 360 COLLINS AVENUE APT. 203 MIAMI BEACH, FL 33139			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 <u>Luis Rodriguez</u>			DATE <u>3/6/06</u>		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	OROFINO, PAUL	☒ Change ☐ Addition
NAME	ORFINO, PAUL		NAME		
STREET ADDRESS	1500 BAY ROAD #916		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	LUCE, CLOTILDE		NAME	ROCH, MARTIN	
STREET ADDRESS	301 OCEAN DR APT 508		STREET ADDRESS	12220 NE 11 PLACE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	NORTH MIAMI, FL 33161	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	REED, STUART		NAME		
STREET ADDRESS	1420 PENNSYLVANIA AVE., #302		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PORTER-BROWN, WYATT		NAME		
STREET ADDRESS	58 NE 92ND STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES, FL 33138		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	P/EXECUTIVE DIRECTOR	☒ Change ☐ Addition
NAME	RODRIGUES, LUIZ		NAME	RODRIGUES, LUIZ	
STREET ADDRESS	360 COLLINS AVE #203		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	PO BOX 190103	☒ Change ☐ Addition
NAME	GUERTIN, BRIAN		NAME		
STREET ADDRESS	P O BOX 190103		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33119		CITY-ST-ZIP	MIAMI BEACH, FL 33119	
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 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: <u>Luis Rodriguez</u>			DATE: <u>3/6/06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <u>786.853.1855</u> <u>305.534.2825</u>		

ADDENDUM

ATTACHMENT

~~Additional Director:~~

(D)

TOM HEDGES

309 E. RIVO ALTO DRIVE

MIAMI BEACH, FL 33139

40054782

#195000000963


ecomb
Environmental Coalition
of Miami Beach

P.O. Box 398891
Miami Beach, Florida 33239
Tel: 305.534.3825 | Fax: 208.979.2806
www.ecomb.org